CLIENT CONSTRUCTION IN FRONT-LINE SOCIAL WORK PRACTICE : A TECHNOLOGICAL PERSPECTIVE

Reuven Barneis

PhD
University of Edinburgh

1982

UNIVERSITY OF EDINBURGH

ABSTRACT OF THESIS (Regulation 7.9)

Name of Candidate Reuven Barneis

Address

Degree PhD *Date* August 1982

Title of Thesis Client Construction in Front-line Social Work Practice : A Technological Perspective

The research is an organisational study of front-line social work practice with clients in two area offices. The aim of the study is to analyse how area office social workers understand and work with clients.

Most social workers work in organisational settings as area offices. One aim of the study is to evaluate environmental constraints on front-line social work practice with clients. To this effect, the study looks at how social workers construct understandings of and work with clients.

All clients come to the area office with rich personal histories and circumstances. From this biographical background, social workers abstract information that they consider relevant to their work with clients. The research found that workers in each area office construct understandings of and work with clients according to shared work routines. These routines vary between offices for the same type of client.

The Metropolitan Office is responsible for social work services in a rapidly changing urban area. The research found that social workers in this office work with clients on the basis of established work routines. There are few exceptions to these work patterns. Because of a large referral rate, and because social workers use nearly exclusively a casework technology in their work with clients, the office has developed a hierarchal system of management with inflexible work routines. Although the office is responsible for services in an urban area undergoing rapid architectural, economic and social changes, social workers in this office work with clients according to these inflexible work routines within hierarchal organisational structure.

In contrast to the Metropolitan Office, the Suburban Office is responsible for social work services in a relatively stable, residential community. Because of a small referral rate, the office has developed a less hierarchal system of management with relatively more flexible work routines. However, because of a steady rise in unemployment, increasing demands are being made on the office's casework technology. As a result, the area office's social workers are discussing the possibility of re-dividing area office manpower to include an intake team. Because the re-division is intended to ensure the continued use of the office's casework technology, specialist services such as community work with elderly and mentally handicapped clients and community work in general are being curtailed.

The major difference between the two area offices is their different referral rates. As the referral rate in the Suburban Office increases, decisions are being made that establish less flexible work routines and structure a more hierarchal area office management system. One important finding is that when increased demands are made on office's casework technology, the office adopts less flexible work routines and a more hierarchal management structure to ensure continued use of its casework technology. Area office social workers do not search for new technologies in response to environmental changes.

/Abstract (continued)

If area office social workers use casework as their primary work technology, it is a work technology that is viable in stable environments only. If pressures on this technology increase, area office social workers have the choice to either searching for a new work technology or restructuring the area office to ensure the continued use of casework. Because of organisational constraints they usually choose the latter option.

I hereby certify that this dissertation is entirely my own work.

In many ways a thesis is a joint project, and it is right to acknowledge the help and support that preceded its completion.

The social workers and clients who participated in the study opened their working lives to me. Their willingness to 'risk' so much will always be gratefully remembered.

My supervisors, Alex Robertson, Tom McGlew and David Nelken imbued me with a critical sensitivity to the different ways reality is, and can be created. I must especially thank Alex Robertson for being so thorough and critical of the various drafts of the thesis. Maybe I was impatient, but his willingness to help me at all times is a model of supervision I hope to emulate in my future work.

My co-students gave me their friendship, support and companionship during the whole period of research. Of special thanks is their support during those depressions when the creative muses abandoned me.

I am grateful to Valerie Chuter for her willingness to accept the manuscript at short notice and type it speedily and accurately.

The last people I wish to thank are my wife, Yemina and my daughter, Tamar who risked so much to let me live my dream.

Note on the text

All names of social workers and clients have been changed from the original. Names used were taken at random from either novels or the Albion Telephone Directory.

TABLE OF CONTENTS

CHAPTER 1

Theoretical Framework

Research Fragmentation and Knowledge

> "... the adequacy of a theory for sociology today cannot be divorced from the process by which it is generated. Thus one canon for judging the usefulness of a theory is how it is generated - and we can suggest that it is likely to be a better theory to the degree that is had been inductively developed from social research". (1)

A reader of sociological journals would notice that most sociologists tend to explain the world in fragmented ways. (Of course there are some exceptions to this, notably Marxist sociologists who attempt to explain all social phenomena in terms of the dynamics of Capitalism. But on the whole, 'grand theory' is out of fashion.) Empirical studies are usually limited to the investigation of how two or more events (or social phenomena) in the world around us inter-connect with each other. Once a middle level theory is developed that explains the inter-connection between two or more phenomena, an attempt is made (explicitly or implicitly) to suggest that the theory can be generalised to explain similar events or phenomena in other situations. The journals are then filled with further studies that attempt to prove or disprove the original theory by providing further empirical evidence. But beyond this point of suggesting that a middle level theory can be generalised, rarely do sociologists venture to construct 'grand theories' to explain, in a fuller sense, the world around us.

To understand the reasons for this, it is useful to compare

sociological explanations of the world to alternative forms of explanation. One such alternative form is found in the attempts by Medieval Jewish Biblical commentators to explain the story of the sacrifice of Issac. For them the sacrifice was an event that took place. Rashi, one such commentator, viewed the story as problematic. He found it difficult to put together in a coherent whole the phenomena of God's cruelty in asking Abraham to sacrifice his son, and Abraham and Issac's acquiescence to God's request. Rashi, however, explained these 'phenomena' in terms of God's testing of Abraham's faith, God's wish to tell the children of Israel that he was against child sacrifice - a practice, Rashi concluded, that was used by other peoples living in the middle-east, Abraham's deep faith in God, and Issac's weak-willed nature in acquiescing to whatever his father requested of him. (Rashi supported this last point by connecting Issac's behaviour in this story to his being 'duped' by his wife into giving his blessing to Jacob and not to Esau.) Familiar with Aristotelian Logic, Rashi's explanation has a consistent and logical ring to it. However, the underlying link that connects all the story's seemingly unconnected parts is the unseen hand of God. Through postulating a uni-dimensional link between events (i.e. God does not change, nor does his desire to influence men change), Rashi was able to explain most of the Bible in terms of God's unseen hand at work. As long as his explanations remained logical they were accepted as valid.

In current sociological studies, the inter-connective link between events or social phenomena is assumed to be a form of causality - that event 'A' effects event 'B' in this or another way. The

specific links between phenomena are multi-dimensional as events are inter-connected (and inter-related) in various ways. In other words, the unseen hand of God of Rashi is replaced by a multi-dimensional form of causality. The only element that the two forms of explanation share is that both adhere to Aristotelian Logic - albeit from different starting points.

A second difference between the two forms of explanation lies in how explanations are generated. Because Rashi's basic assumption was that events took place because of the workings of God's unseen hand, he was able to explain much of his reality from his armchair. As long as his explanations were logical, they were accepted as valid. With current sociological studies, however, two factors make such 'grand explanations' impossible (at least for the near future). First, because the causality between events must be observed empirically and not assumed, a theory is limited to the number of events or social phenomena that a sociologist(s) can observe directly. He can only assume that what he observes is generalisable to other events and situations. Second, because the causal links between the events are multi-dimensional, the greater the number of phenomena included in study, the more complex does the explanation become. For these reasons sociological studies are limited to explaining the causal links between a limited number of phenomena.

For the same reasons, the findings of a study are directly influenced by the variables that are included in the study. (2) For example, deviancy is observed and analysed in relation to such other variables as sub-cultures, (3) (4) anomie, (5) environmental factors (6) and the researcher himself. (7) Each of these researchers studied

the same social phenomon (e.g. deviancy), but because all examined the causal link between deviancy and different social variables, each study ended with a different conclusion as to what is and what causes deviancy. As a result, although there is little chance that a sociological 'grand theory' will be constructed in the near future, current sociological studies reflect the multi-dimensional nature of the way we understand the world around us. This compares dramatically with Rashi's uni-dimensional world.

Choosing the variables that are included in a study is rarely, if ever, undertaken in a vacuum. Contextual circumstances usually determine the variables that are included; a researcher's freedom to choose the variables included in his study varies from setting to setting (for example, a university lecturer will usually have more freedom to decide which variables to include, than, for instance, a researcher in a social work department or in an electronics factory because the latter researches are often undertaken with policy considerations in mind.) (8) As this study is the main part of the researcher's postgraduate studies, and as such was conducted in a university setting, he had a relatively large amount of freedom to decide which variables to include in his study. The following discussion attempts to explain why he included the variables he did.

Choosing a Research Topic

A client comes to an area office with a rich personal history and circumstances, any part of which can theoretically become the focus of a client's contact with the area office. A social worker abstracts from a client's personal history and circumstances the 'relevant'

information. On the basis of this information, the social worker decides on the most 'appropriate' intervention.

The decision to study how social workers construct understandings of and work with clients is based on a general characteristic of area offices that social workers work with clients according to established and shared work patterns. Though work patterns vary among individual workers, or social workers from different area offices, without exception all area office social workers take an individualistic view of the client in attempting to understand and work with that client's problems. More specifically, as is illustrated in the analysis of the empirical data of this study, social workers use a psycho-social model of behaviour in order to understand and work with such clients as young delinquents, for example. On the basis of a psycho-social understanding of delinquent youth, the consistent (parallel) social work help that is offered a youth (or groups of youths) takes the form of help with his maladaptive behaviour. (9)

In contrast to the psycho-social definition of deviancy used in the area offices, sociologists and historians in the 1960s and the 1970s suggested that deviancy cannot be understood in isolation from societal structures. Becker wrote that societal structures contribute directly to deviancy by labelling a particular form of behaviour as deviant. (10) Expanding on this point, Kai Erikson stated that "deviancy is not a property inherent in certain forms of behaviour, it is a property conferred upon these forms by the audience which is directly witnessing them". (11) In terms of deviancy research, Cicourel wrote that "juvenile contacts with police,

probation and court officials are integral parts of the community's legal system. The rule of law, as activated vis-a-vis juveniles, reveals more than an analysis of the problem of delinquency, but also tells us something about the articulation of members' notions of legality and justice with the social organization of daily existence". (12)

Looking at the same issue, but from an historical perspective, Foucault wrote that deviancy is understood only in relation to the existing economic order of a particular society. In the following quote, Foucault described the way deviancy was understood and used in post-revolutionary France.

> "Through the rejection of the law and other regulations, it is easy enough to recognize the struggles against those who set them up in their own interest ... It was against the new regime of landed property - set up by the bourgeoise that profited from the Revolution - that a whole peasant illegality developed ... It was against the new system of legal exploitation of labour that workers' illegalities at the beginning of the Nineteenth Century developed ... A whole series of illegalities was inscribed in the struggles in which those struggling knew they were confronting both the law and the class that imposed it". (13)

Though each of the above writers chose different variables to include in his analysis of deviancy, as apparent in the above quotes, each concluded that deviancy is understood only in terms wider than the individual. It is not the intention of this discussion to suggest that the psycho-social definition of deviancy is more or less accurate than the above theories. But the fact that these theories are available for reading raises the question as to why these alternative definitions are not used by social workers in their work

with delinquent youth. In terms of this research, a central component in a study of how area office social workers understand and work with clients is the analysis of the reasons why these alternative definitions are not used. As social workers work primarily in area offices, one way to study this is to observe the organisational constraints and pressures on social workers to screen information about, construct understandings of and work with clients according to specific work routines.

Empirical Studies of Organisations

In their books about organisational theory, Perrow (14) and Silverman (15) reviewed the primary analytical models of organisational functioning that are currently used in sociological researches. Each of the three models they discussed uses a different component of organisational life as a starting point, and therefore as an independent research variable. These models are (i) the psycho-social : human relations model, (ii) the organisational structure model and (iii) the technological model. (16) (17)

Though Perrow and Silverman's reviews are sophisticated criticisms of each model's internal logical inconsistencies, they did not address themselves to the possibility that these models can still be used to generate 'new' information about organisational functioning. In terms of this research, the aim of the following reviews of these models is to examine the ability of each model to generate 'new' information about the interrelationship between the uniformity in the ways area office social workers construct understandings of and work with clients and the organisational structure of the area office.

As this review was an integral part of the formulation of this research, its presentation provides the reader with a clear account of why and how a particular analysis model was used to study the uniformity of area office work patterns.

Psycho-social : Human Relations Model

An explanation of organisational functioning that is premised on the assumption that man participates in organised life because of his internal psychic needs has to explain organisational structure from that assumption. Maslow's tiered hierarchy of human needs was an attempt to explain organisational structure in terms of man's psychic needs. (18) For Maslow, man's internal psychic needs were 'actualised' when they were expressed publicly through a tiered hierarchy of needs. Maslow viewed organisational structure as reactive expressions and extensions of man's psychic needs.

The Hawthorne Study (19) started from a similar premise. Beginning with the assumption that there was a direct correlation between working conditions and workers' willingness to participate in organisational life, it was assumed that when working conditions were improved, workers would be more willing to accept an organisation's goals and structures as legitimate extensions of their internal psychic needs. Conversely, poor working conditions were viewed as that component in organisational life that prevented workers from expressing these needs.

The findings of the Hawthorne Study were different from those hypothesised in the study's premise. For two reasons workers' organisational behaviour was found not to be directly correlated with

working conditions. First, the study found that workers' behaviour was as much determined by small group norms as by the quality of the working conditions. In many ways these small group norms were found to be only tangentially related to the organisation's structure and goals. Second, the study found that organisations were comprised of different working groups (such as production line workers and management) that held differing sets of working behaviour norms and expectations. As with the behaviour of individual workers, the way groups within the organisation interacted were as much determined by the group's own work norms and expectations as by the organisation's structure and goals.

In his review of this organisational analysis model, Silverman stated that the "extension of the psycho-social perspective in explaining organizational life would assume that the end result would be a structural-functionalist explanation of organizational participation". (20) A more sophisticated explanation of organisational participation than the psycho-social model, the structural-functionalist model is the study of worker values as they are operationalised and changed in organisations. That is, worker behaviour is seen and interpreted as contributing to the organisation as a whole. For example, a structural-functionalist study of the TVA Project (a U.S. Government plan to supply inexpensive electricity and irrigation aids to a large depressed community in the State of Tennessee) concluded that TVA Project workers were forced to compromise many of the Project's original goals when they attempted to operationalise them in an environment comprised of other organisations that were hostile to the Project. (21) In other words,

envirnomental constraints were considered the sole reason Project workers were unable to operationalise Project goals. As in the psycho-social model, organisational structure was considered in the structural-functionalist model to be a reactive expression and extension of workers' values and needs. And yet, although this might have been the case with the TVA Project, it is doubtful that the change in the Project's goals was due solely to environmental factors. This highlights the central problem of the perspective. The perspective cannot adequately explain conflict and dissension within an organisation in terms other than their being dysfunctional to the overall working of the organisation. That is, the perspective cannot account for change within an organisation caused by internal conflict and dissension.

Summing up this model, Perrow concluded that "one cannot explain organizations by explaining the attitudes and behaviour of individuals or small groups within them ... we learn a great deal about psychology and social psychology but little about organizations per se in this fashion". (22) For the purposes of this research, if the underlying assumption of the structural-functionalist model is that organisation structure is basically a reactive expression of workers' needs and values, and that change is caused by external factors, then the model is useful in generating only limited information about the structural constraints and internal conflicts that bring about change in the area offices and directly influence the way social workers construct understanding of and work with clients.

Organisational Structure Model

An explanation of organisational functioning that is premised on the assumption that organisational structure determines the form and content of man's participation in organisational life has to explain the variations in man's organisational behaviour in those terms. In contrast to the psycho-social model, the structural model views man's behaviour in organisations as basically non-rational and not organisationally inclined. Man's behaviour is seen as problematic to organisational functioning. Assuming this, Weber's monocratic bureaucracy was an ideal of organisational structure which was "capable of attaining rational means of carrying out imperative control over human beings" or organising man's non-organisationally inclined behaviour. (23) However, underlying both Weber's monocratic bureaucracy and the structural model of organisational analysis is the assumption that organisations are comprised of only two basic components: man's non-organisationally inclined behaviour and organisational structures' rationalising influences.

This assumption characterises later organisational studies such as Gouldner's study of a post-World War Two gypsum factory. (24) Though he was sympathetic to the factory workers' 'indulgency system' of behaviour and work expectations, Gouldner saw the indulgency system as having little correlation with the factory's expressed goals of mining and manufacturing gypsum board. Only when a rational bureaucratic structure of management was introduced at the expense of the indulgency system was the factory workers' non-organisationally inclined behaviour given rational form in relation to the factory's

goals.

Simon expanded this view of man's participation in organisational life. (25) He observed that man's behaviour in organisations was basically rationally motivated, but that as an individual, a worker was unable to understand all the options for and foresee all the consequences of his behaviour. Man's behaviour in organisations was rationally organised only through a rational, bureaucratic division of labour and worker acceptance of organisational routines and goals. In this way man's limited organisational capabilities were rationally organised through bureaucratic structure.

More than any other model of organisational theory, the organisational structure model originated from within an historical perspective. Weber lived during a time of mass population shifts from rural to large urban industrial centres. This population shift was paralleled by the breakdown of small craft industries and their replacement by large industrial complexes. (26) The primary concern for Weber was how bureaucratic structure organised man's non-organisationally inclined behaviour in the new order being created by the Industrial Revolution.

For the purposes of empirical research, as long as the organisational structure model is concerned with observing how organisational structure rationalises man's limited scope, or non-organisationally inclined behaviour, the model is useful in generating information only about highly hierarchical bureaucratic organisations such as those that dominated the middle part of the Industrial Revolution.

Many of today's organisations are more complex. Workers' behaviour in modern organisational life represents a complex nexus of different motivations and contingencies, only one of which is organisational structure. For example, the growth of professions in response to a scientifically better understood world, is one of several types of motivation for man's rational participation in organised life. (27) Though professional identification as an element in man's motivation to participate in organised life varies with a profession's power to influence organisational structure, (28) Freidson suggested that professional identification influences the authority and control patterns in an organisation and thereby, to a large extent, influences the terms and conditions of work made available to a professional group within that organisation.

Similarly Burns and Stalker suggested that organisational structure and man's organisational behaviour were determined to a large extent by the way an organisation understood and responded to the organisation's working environment. (29) This point was substantiated in Blau's study of two U.S. Government agencies, in which worker behaviour and organisational structure varied according to the type of work the agency did. (30)

In the light of these studies, the structural model of organisational analysis may be seen as limited to generating new information about 'mechanistic' bureaucratic organisations. (31)

Technological Model

An explanation of organisations that is premised on the assumption that an organisation's chosen technology determines the

way it functions, has to provide a logical account, based on that assumption, of both structure and the variations of man's organisational behaviour.

Perrow's technological model for studying organisational functioning uses as a starting variable the "technology, or the work done in organizations". (32) Outlining a causal connection between the organisation's technology and other organisational variables, Perrow stated that technology was "the defining characteristic of organizations ... organizations are seen as primarily systems for getting work done, or applying techniques to the problem of altering raw material - whether the materials be people, symbols or things". (33)

Perrow's model is based on the measurement of the routineness (or non-routineness) of an organisation's patterns of work. The routineness of an organisation's technology is measured in two ways: according to (i) "the number of exceptional cases encountered in the work, that is the degree to which stimuli are perceived as familiar or unfamiliar", and (ii)"the nature of the search process that is undertaken by the individual when the exception occurs". (34) The larger the number of exceptions and less prescribed the search process, the more a technology is defined as non-routine. The fewer the number of exceptions and the more prescribed the search process, the more a technology is defined as routine.

On the basis of this formula, Perrow suggested that it was possible causally to determine other organisational variables. As a step towards further understanding of the model, it is helpful to analyse how Perrow used his formula.

Perrow divided organisational structure into two components:

task structure and social structure. Task structure is comprised of two variables; task control and task co-ordination.

Task control sub-divides into two types of control patterns; the degree of discretion an individual or group possesses in carrying out its work task and the power individuals or groups have to mobilise scarce resources to control definitions of various situations. The more non-routine an organisation's technology, the more discretion and power front-line personnel have to decide how raw material is altered. The more routine an organisation's technology, the less discretion and power front-line personnel have to decide how raw material is altered.

Task co-ordination sub-divides into two types of co-ordination patterns; co-ordination by planning and co-ordination by feedback. Co-ordination by planning refers to a planned sequence of events that predetermines how raw material is altered. Co-ordination by feedback refers to a negotiated sequence of events to determine how raw material is altered. The more routine an organisation's technology, the more task co-ordination is planned. The more non-routine an organisation's technology, the more task co-ordination is by feedback.

Perrow defined social structure as "all non-task oriented interactions". (35) The more routine an organisation's technology, the more the social structure is characterised by "instrumental identity" (worker identity with specific tasks) interactions. By contrast, the more non-routine the technology, the more the social structure is characterised by "goal identification" (worker identity with organisation's goals) interactions. (36)

In a similar way Perrow analysed other organisational variables.

The uniqueness of Perrow's model is the distinction it makes between technology as "the equipping and sequencing of activities in an organization's work flow" and technology as "physical and informational materials" used to alter raw material. (37) In terms of empirical research, this distinction is useful in the analysis of how organisations carry out their work. If, however, the major contribution of Perrow's model is the distinction he makes between the two definitions of technology, the weakness of his model in empirical research is that researches using his model have found no consistent proof of a causal relationship between technology (as an independent variable) and other organisational variables. Whereas Lynch (38) and Palumbo (39) found a causal relationship between technology and other organisational variables, Van der Ven and Delbecq, (40) Fullen, (41) Mohr, (42) Child, (43) Bell, (44) and Dewar and Hage (45) found that technology was one of several interdependent variables that determined organisational functioning. Summing up this point, Mohr stated that

> "One further finding ... needs to be explored ... the proposition that technology may not actually force structure, but rather that organizations will be effective only in so far as their structures are consonant with, or follow the dictates of their technologies ... Burns and Stalker were repeatedly impressed with the difficulties experienced by firms which tried to maintain mechanistic systems of management in the face of rapidly changing environment and technologies, or which attempted to impose new organic management ideas upon organizations with stable and traditional tasks". (46)

In showing that there are exceptions to Perrow's central hypothesis that technology forces structure, the latter researchers demonstrated the limitations of his analytic framework. As Mohr noted, his framework is limited to the measuring of how well an organisation maintains consistency between its structure and its chosen technology. It seems likely that the researchers who concluded that they found a causal relationship between these two variables were in fact observing those organisations in which a consistency was maintained.

Perrow's definition of technology as an informational system to get work done highlights a second criticism of his model. In considering this point, it is useful to define the sum total of raw material definitions used in an organisation as that organisation's vocabulary of (raw material) understandings. In this way it is possible to illustrate several of the mistakes Perrow made when he assumed that technology is an independent variable in organisational analysis.

Perrow saw organisations as discrete entities. He posited that the content of an organisation's vocabulary was determined solely by the organisation's impetus to discover new definitions of its raw materials in order to alter them in new ways. That is, an organisation's definitions of its raw materials determined its technology (i.e. how it alters its raw materials). This is problematic for the following reason.

It is possible to view the content of an organisation's vocabulary as determined by factors other than just the impetus to alter raw materials in new ways. Other organisations use alternative,

or conflicting, definitions of the same raw materials. It is possible to see that, by a process of elimination, an organisation includes in its vocabulary definitions that are consistent with its technology and excludes definitions that do not meet this requirement. In this way, the definition is not necessarily the determinant of the technology; in fact, technology may be the determinant of the definition.

This point highlights a further problem in Perrow's model. His model cannot account for an organisation's structural adaptations to ensure that its vocabulary remains consistent with its technology. These points are illustrated in the following discussion.

As reported in the London Times, (47) an Aboriginal tribe in N.W. Australia (Noonkanban) took legal action to stop a multi-national company from drilling for oil on land which the Aborigines considered holy. In contrast to the Aboriginal definition of the land in religious terms, the oil company defined the land in economic terms - as rich in oil deposits. (48)

Underlying these mutually exclusive definitions of land is the selective use of definitions of land by both the oil company and the Aboriginal tribe. The oil company selects definitions of land that are consistent with the company's oil technology. However non-routine that technology, the company's vocabulary of understanding excludes alternative definitions that are not consistent with the company's oil technology. In a similar way, the Aboriginal vocabulary is exclusive of alternative definitions not consistent with the tribe's religious beliefs. In terms of Perrow's definition of technology as an informational system, the oil company and the

Aboriginal 'technologies' screen in the definitions that are included in each 'organisation's' vocabulary of understandings - not the other way around as Perrow assumed.

Depending on the legislative and political power of the Aboriginal group, a second aspect of these mutually exclusive definitions of land is that the oil company may adapt itself to this 'environmental constraint'. Theoretically, the company has the option to include the Aborigines' definition of land into its own vocabulary. However, this is unlikely as the Aborigines' definition is not consistent with the company's oil technology. It is more likely the oil company will respond to these pressures by allocating part of the company's resources to hiring lawyers or public relations 'experts' to interpret or change legislation, or to influence public opinion. These company reactions can be viewed in two ways. The company is structurally changing in response to environmental pressures. In addition, in an increasingly informed world, the way a company responds to environmental pressures will determine the overall functioning of the company. Perrow's model cannot, however, account for this type of organisational adaptation. Summing up this point Child wrote:

> "The prevailing technology is now seen as a product of decisions on work plans, resources and equipment which were made in the light of certain evaluations of the organization's position in the environment". (49)

If Perrow's model is flawed, the flaws themselves highlight a different approach to analysing organisational functioning. To illustrate this point it is useful to view the hiring of lawyers and public relations 'experts' as the oil company's attempts to prevent the

'pollution' of its vocabulary of understandings. Considering the company's vocabulary as exclusive of alternative definitions of land, underlying the company's attempts to prevent the pollution of its vocabulary of understandings is an axiom of organisational functioning that organisations try to maintain a consistency between their technology and their vocabularies of understanding. The use of this axiom in organisational analysis implies an amplification of Perrow's definition of technology as an informational system to get work done, to include an interpretation of technology as an information screening system to exclude raw material definitions not consistent with the organisation's vocabulary. In terms of empirical research, the way an organisation screens and uses information about its raw material may be more relevant to understanding how an organisation functions than the actual technology it uses to alter raw material. Again, Child put the point succinctly.

> "... (We should) direct our attention towards those who possess power to decide upon an organization's structural rationale, towards limits on the power imposed by operational context and towards the process of assessing constraints and opportunities against values in deciding organizational strategies". (50)

Technological Study of Area Office Social Work Practice

Since the focus of this research is the analysis of the ways area office social workers screen and use information in their work with clients, the application of a model derived from the analysis of industrial organisations to the study of social work area offices is problematic for several reasons.

(i) Perrow's model assumes that clients and industrial raw materials will react to the altering process in the same way. Theoretically, clients have the potential to influence the type of help they are offered. Even though this influence is rarely actualized, the potential of clients to influence directly and actively the type of help they are offered severely limits the application of Perrow's causal theory of organisational analysis (based on a passive, or at most purely reactive raw material) to a study of area offices.

(ii) The line that separates the oil company's and the Aborigines' definitions of land is clearly drawn; whereas the line that separates, for example, two service organisations' different definitions of clients is less certain. In considering this point, it is helpful to look at the knowledge base of each organisation's vocabulary of understandings. In comparison to the Aborigines' use of a religious knowledge base to construct definitions of land, the oil company uses a scientific and technological knowledge base. It is difficult at present to see how an Aboriginal definition of land can be constructed on a scientific and technological knowledge base. The reverse is also true. In contrast, all social service definitions of clients search for structural or social interactional explanations of human behaviour. However, within this perspective, divergent explanations of behaviour can be constructed. That is, it is possible to construct mutually exclusive definitions of client from the same perspective. For example, it is possible that one social worker will construct a Marxist interpretation of client behaviour while a second social worker will construct a Freudian interpretation. (51)

The lesson to be drawn from these two points for an empirical study of area offices is that it is necessary to construct a research methodology that is sensitive to these problems. This is partially discussed in the following outline of the structure of the thesis. It is more fully discussed in the following chapter.

As stated earlier, the central concern of this research is how area office social workers screen and use information about clients. This research concern is sub-divided into four operational questions.

(i) How does each area office, out of the very large number of ways available for understanding and working with clients, construct and work with clients in ways that are characteristic of that area office?

(ii) How do social workers in each area office legitimise and sustain that area office's work patterns with clients?

(iii) Why is a particular set of work patterns and ways to understand clients used in one area office and not in another?

(iv) Comparing area offices, what work rationale is shared by social workers that allows the area offices to be identified as such?

The structure of this thesis closely follows these questions. Chapter 1 is a discussion of the main theoretical concerns of the research. Chapter 2 is a discussion of the methodology used in the empirical investigation. Chapter 3 is a description of the two area offices that participated in this study. (The primary purpose of the chapter is to provide the reader with a 'back-drop' for the following chapters.) Chapter 4 is an analysis of the work patterns of intake teams with referrals in both area offices. Chapter 5 is an analysis of the work patterns of sub-teams with clients in both area offices. Chapter 6 is an analysis of the ways area office social workers legitimise and sustain their area office's vocabulary of understandings (i.e. the sum total of client understandings used in the area office). Chapter 7 is an analysis of area office work patterns with clients in relation to the external environment in which the area office exists.

Social Work Literature and Social Work Practice

A main intention of this research is to fill a gap in current social work literature.

Central to the way social work is taught, practised and explained is its claim that actual social worker behaviour with clients is 'framed' by a body of knowledge. Disjunctions that appear between theory and practice are usually attributed to the individual worker or student's incomplete training in the appropriate social work skills or a lack of insight into his own behaviour. This is illustrated by the large amount of time allocated to 'professional supervision' in social work education courses and postgraduate fieldwork supervision. This characteristic is also evidenced by the secondary importance given to the study of organisations, administration and sociology in general in the same contexts. It is also reflected in the mainstream of social work literature which is primarily concerned with explaining 'how social work should be practised' as compared to the relatively small amount of writings concerned with the study of actual social work practice. Prescriptive social work writings such as Goldstein, (52) Pincus and Minahan, (53) Davies, (54) and Stevenson and Parsloe (55) attempt to broaden social work's theoretical knowledge base by presenting new professional skills in which to understand and work with clients. These writers assume that any gap that appears between theory and practice is due primarily to the individual worker's incomplete repertoire of social work skills (as presented in the writings) or a lack of insight into his own behaviour. The gap is rarely viewed in circumstances wider than the individual. As a result, these

writers rarely discuss ways to evaluate the implementation of the theories presented. Such evaluations are usually based on an intuitive understanding between the writer and the reader that the ideas presented are correct and useful in framing worker behaviour with clients.

As discussed earlier in the chapter, several organisational studies show that only a tenuous relationship exists between an organisation's expressed goals and philosophy (body of knowledge) and worker behaviour in that organisation. Perrow (56) and Albrow (57) both concluded that organisation goals determine only tangentially how an organisation functions. Strauss et al furthered this point by showing that stated goals are used by workers to explain their behaviour. Weick (58) goes one step further to suggest that organisations work backwards as workers use goals as post-hoc explanations of their organisational behaviour.

Several studies of social work practice found similar characteristics. Sheldon, (59) and Brandon and Davies (60) found only a tenuous relationship between theory and practice. Smith (61) found that social work offices use sets of ideologies to construct understandings of needs for clients; at times the ideologies used in one office are inconsistent with each other. In other words, Smith suggested that the practice-theory gap is an inherent part of the way area offices function.

Other empirical studies of social work as Mayer and Timms, (62) Hall (63) and Goldberg et al (64) also point to circumstances other than theory that constrain and influence the quality of social work practice. Mayer and Timms showed that social work assistance, to a

large extent, is understood differently by both the client and the social worker. The client tends to see social work assistance in practical terms whereas the social worker tends to see the same assistance in psycho-social terms. Successful assistance, if the consumer point of view is taken into account, is dependent on both the client and the social worker sharing a common understanding of 'the problem' and the type of assistance offered. In other words, Mayer and Timms' study highlighted the fact that social work is conducted in an environment in which people do not necessarily have the same perceptions of reality.

Although this consumer view of social work assistance has since been incorporated into the mainstream of social work literature, it is incorporated in ways that beg the central question (as seen by the researcher) raised in the study's findings. For example, Davies incorporates the consumer perspective into his theory of social work practice by stating that a social worker should find a balance between the practical understanding of social work assistance as understood by the client and a psycho-social understanding as used by the social worker - "(a social worker) should achieve an effective balance between the material or practical help and counselling". (65) However, it is too simplistic to assume that once stated that a worker should understand a client's perception of his situation he is then able to implement this principle in his work. As reality is constructed in many ways, Davies' incorporation of a consumer approach to social work begs the question as to how the principle is used in actual practice. First, Davies does not explain how people holding different views of reality communicate with each other, especially in

a context in which one person is requesting help from a second person. He only assumes that in some pure sense this can be done. Second, Davies does not consider the circumstantial constraints on a worker that limit the options available to him to understand his client. Davies does, however, allude to this point when he states:

> "The client may not always be right in his judgements he makes about social work but what he has to say is relevant and his conclusions - where they seem to make sense in the context of social policy - should be taken into account when planning future practice". (66)

Hall's study of the reception room process shows that the reception procedure constrains and influences the way a social worker understands and works with a client. Although he saw the reception procedure as working at cross-purposes with social work goals and theory, he was incorrect to assume that the reception procedure is an aberration from social work practice in general. He assumed that all that was necessary was to restructure the reception procedure to bring it into alignment with social work goals. As is shown later in this research, the intake procedure as described by Hall is not an aberration from the way social work practice is conducted in the area offices but an integral part of the way area offices function.

In a different approach to the study of social work practice, Goldberg et al pointed to the absence of evaluative procedures in area offices. In an attempt to evaluate work with clients they found that:

> "The emotional needs of the frail elderly and the younger disabled and those of their families were rarely the target of social work intervention, although there is evidence from everyday life, clinical experience and research that such attention can make considerable difference to the lives of these clients ... The chronically disorganized and disturbed families presented the greatest challenge to social work skills. We saw they took up an inordinate amount of social work resources, sometimes over years, with few visible results". (67)

In other words, Goldberg et al found that social work principles and goals were not equally applied to all types of clients. As in the previous empirical studies of social work practice, social work with clients is constrained and influenced by factors wider than the skills and insights of the individual worker. The practice-theory gap must be understood in terms of the way workers are constrained in using theory in their daily work with clients. This is a main concern of this research.

A Further Note on the Use of a Technological Model of Organisational Analysis in the Study of Area Offices

To this point in the research the discussion has focused on the application of an industrial technological model of analysis to the study of area offices. More specifically, the discussion has focused on the use of this model to study the ways area office social workers maintain uniformity in their work with clients. On one level this uniformity suggests that the internal worlds of area offices are unchanging. This would be an over-simplification. The empirical application of the question of how order is maintained in a changing

environment, is crucial if the research model is to account for both the internal and external identity of area offices as area offices and the differences in each area office's work patterns with clients.

Several researchers posited that at the same time an organisation presents a uniform public identity, internally the organisation changes as different groups within the organisation struggle for control over how particular situations are defined. Phohl's study of child abuse suggested that the medical profession's 'discovery' of child abuse coincided with the attempts by radiologists, pediatricians and psychiatrists to realign their low statuses in the medical profession. (68) They achieved their aims when they successfully defined child abuse as a medical problem ('child abuse syndrome') while at the same time ensuring that their disciplines alone were capable of diagnosing and treating the problem. The medical profession changed along with a realigned status structure. Publicly, however, the medical profession maintained a uniform identity.

Strauss et al described a similar process in their study of a hospital. (69) They posited that changes in the hospital's work patterns resulted from the ongoing negotiations between different groups within the hospital as to how work was to be carried out. Though a hospital's particular negotiation patterns accounted for the hospital's idiosyncratic work patterns, the adherence to a work rationale shared by all hospital staff was never challenged.

> "(The shared work rationale) can be used by any and all personnel as a justificatory rationale for actions that are under attack ... In short, although personnel may disagree to the point of apoplexy about how to implement patients getting better, they do share the common institutional value ... the grounds for negotiating are what is best for the individual patient, something not usually agreed upon by consensus but open for negotiation". (70)

Though Strauss et al were concerned with how internal change and public order were maintained in one hospital, a logical extension of their ideas suggests that other hospitals with the same work rationale would be publicly identified as that sort of hospital, though each hospital internally differs in the way work is done.

In terms of the way Phohl's medical profession and Strauss et al's hospital maintain a uniform identity while at the same time internally changing, each 'organisation' screens and uses information about patients that is consistent with its particular (medical) technology. Out of the myriad ways available for defining child abuse, the medical profession defined the problem as a 'syndrome' thereby ensuring that only radiologists etc. were capable of diagnosing and treating abused children. Similarly, out of the myriad possible ways of defining and working with ill people, the hospital defined the problem as a medical problem thereby ensuring that only hospital staff were capable of diagnosing and treating ill people. Underlying these processes is each 'organisation's' attempts to maintain a consistent relationship between the way its practitioners understand social problems (raw material) and its particular medical technology.

In terms of this research, the studies of Phohl and of Strauss et al would suggest that area offices share a common work rationale,

though internally they differ as to how work with clients is carried out. Chapters 4 and 5 analyse each area office's individualised work patterns. Chapters 3 and 6 analyse the work rationale shared by both area offices.

Definitions of Terms Used in Thesis

1. Client : A person offered continued social work contact with one social worker after the initial interview.

2. Individual case units of concern : The limiting of the focus of understanding construction (see below) and work with a client to (i) information about his (or significant others) personality make-up as it affects his current functional or emotional situations and (ii) interventions to help him with his specific functional or emotional problems. Implied in this form of understanding construction is that information about similar clients is not 'pooled' to construct a wider, sociological understanding of clients' problems.

3. Intrinsic meaning values : The interpretation of biographical information of a referral or client as indicative of 'deeper' psycho-emotional processes.

4. Legitimising and sustaining : As used in Chapter 6, the definitions of these two interrelated area office processes are based on Berger and Luckman's definition of legitimation as "not only telling the individual why he should perform one action but why things are what they are". (1) For the purpose of the analysis in Chapter 6, this definition is divided into two parts:

   Legitimising : The process by which area office social workers know and publicly explain and justify a particular understanding as 'correct' and the intervention offered as 'appropriate'.

   Sustaining : The process by which area office social workers maintain consistency and stability in the way they understand and work with clients in an environment outside the area office that uses alternative understanding options not included in the office's vocabulary of understandings.

5. Operationalising (operationalisability) of an understanding : The extent to which it is possible to offer an intervention that is consistent with a constructed understanding of a referral or client.

6. Referral : A referred, or self-referred, person requesting help from the area office. A case is a referral until a case disposal decision is made.

7. Understanding construction : The abstraction from the totality of each client's personal history and circumstances, of information that the social worker considers 'relevant' to the provision of 'appropriate' social work assistance.

8. Understanding reconstruction : The reinterpretation of information previously abstracted from a client's personal history and circumstances in order to construct a new understanding as a case moves through the office's different 'zones' (e.g. intake team, patches, duty system, sub-teams etc.).

9. Work perspective : Vocabulary of understandings and 'appropriate' interventions options used by an area office sub-unit (e.g. intake team, patches, sub-teams etc.).

CHAPTER 2

Methodology

Methodology

> "Every method of data collection is only an approximation of knowledge. Each provides different and usually valid glimpses of reality and all are limited when used alone. The essential question is not which method is best in the abstract, but which is the most appropriate for the problem at hand". (1)

The following discussion is limited to (i) a presentation of the reasons for comparing two area offices to generate data about area office functioning and (ii) an evaluation of direct observation as the primary methodological tool of data collection. The decision to limit the discussion in this way is linked to the seemingly impossible task of discussing, within the context of this study, the epistemological implications of choosing one methodology and not another. Although epistemological assumptions are taken for granted in the choice of a comparative methodology using direct observation as its primary form of data collection to study area offices, they are not discussed in detail. However, as much as possible, these assumptions are made explicit and defined when necessary.

The decision to compare two area offices is connected with the unique opportunity to study two area offices that were established at the same time and for the same reasons. Both area offices were established in the early 1970s as a result of the Social Work (Scotland) Act. (Chapter 3). These two factors remain as constants in the background history of both area offices. On the other hand, because

each area office was assigned a geographical area of responsibility in a different part of the same city, this provided the opportunity to study the similarities and differences in the ways social workers in each office work with similar types of cases.

The choice of direct observation as the principal form of data collection for this research is linked to the need for a flexible observational framework. As the research is an exploratory study of how social workers screen and use information, this implies in addition to observing how social workers screen information, observing also how they use this information in their daily work routines. This necessitated the choice of a flexible framework that permitted the researcher to explore, in a variety of ways, issues that arose unexpectedly during the course of the study. For example, during the early stage of observation, the researcher found himself caught up in, and accepting social workers' explanations and perceptions of their clients. When made aware of the pressures to conform to the office's shared perceptions of clients that he was experiencing, the researcher was able to use the flexibility of direct observation to explore in detail the same pressures as experienced by all office workers. He did this by expanding his study to include observations of, and interviews with, new workers during their initial periods of work in the area offices. In other words, the researcher was able to observe both the world of the area office as explained by office workers and the world of the area offices as workers acted in them. (The findings of these observations and interviews are presented in Chapter 6.) For these reasons a more structured methodology was not used.

If direct observation is the most appropriate form of data collection, then several limitations are inherent in its use.

(i) The research findings are limited to causal explanations of work patterns in the two area offices observed. Though the findings are considered representative and generalisable to other area offices, there is no 'proof' that supports this assumption. Commenting on this point Warwick stated:

> ("Whyte's study of street corner society) is an intensive study of a single community ... beautifully designed and masterful in its portrayal of social life and yet we can never be sure how well it represents other communities". (2)

(ii) All observations of the area offices were filtered through the researcher's individualised perceptions. There was no way to measure the effect the researcher's presence had on the social workers and clients he observed. Summarising this point Warwick wrote:

> "... Unknown sampling errors (will) be introduced by the (researcher's) selective perceptions and by the (researcher's) distinctive impact upon the group (he is observing). (3)

Though these limitations characterise all qualitative research, it is felt that in the present investigation they were lessened in several ways. Firstly, the two area offices included in this study were chosen because of their contrasting styles of work with clients. Because this research is an exploratory study, it was felt that an analysis of contrasting styles of work (as compared to the study of similar styles of work) would generate data that could be generalised to understandings of other area offices. (4) The addition of a third area office to the sample would have increased the sample's representativeness. However, the study was limited to two

area offices because of limited time and manpower resources.

Secondly, all observations were divided into two types; general observation of area office work routines and 'framed' observation of social worker-client interactions with specific cases over a period of time. As 'framed' observations, how and what routines were observed were determined before the fieldwork began. Though the researcher's personality remained a subjective influence, how and what information was generated and categorised (for analysis) was rationally 'framed' outwith this subjective filter. Finally, to test assumed correlation between variables, these correlations were quantified and numerically substantiated whenever possible.

However, the limitations inherent in direct observation as a methodological tool for data collection remain as basic (and essentially unmeasurable) constraints on the replicability and generalisability to other area offices of the findings of the present research.

Fieldwork

The Metropolitan Area Office was observed over a 5-month period. The Suburban Area Office was observed over a $4\frac{1}{2}$-month period. Diagram 1 details the timetable of the research. (The following discussion is intended as an elaboration of specific points outlined in Diagram 1.)

Diagram 1

General Area of Observation	Total Time for General Area Observation	Amount of Activity Observation Time	Activity	Total Time for General Area Observation	Amount of Activity Observation Time	Activity
General Observation of Area Office	5 months	5 months	1. Weekly staff meetings	4½ months	4½ months	1. Weekly staff meetings
		5 months	2. Special interest meetings		4½ months	2. Special interest meetings
		5 months	3. Case conferences		4½ months	3. Case conferences
		5 months	4. Informal meetings		4½ months	4. Informal meetings
					2½ months	5. Senior management group
Intake Team (Metropolitan) Duty System (Suburban)	7 weeks	2 weeks	1. Reception	5 weeks	2 weeks (1)	1. Reception
		5 weeks	2. Following 56 cases from time of referral to case disposal		4 weeks	2. Following of 50 cases from time of referral to case disposal
		5 weeks	3. Daily allocation meetings		4 weeks	3. Daily meeting between duty social worker and duty senior social worker (if occur)
		5 weeks	4. Intake weekly staff meetings			
		5 weeks	5. Visits to outside agencies			
		7 weeks	6. Informal meetings		4 weeks	4. Informal meetings
Patches (Metropolitan) Sub-team (Suburban)	10 weeks	2 weeks	1. Discussion with each patch worker about caseload: choosing of 5 cases to follow	10 weeks	2 weeks	1. Discussion with each sub-team worker about caseload: choosing of 5 cases to follow
		4½ or 9 weeks	2. Following cases for 9 weeks in one patch, 4½ weeks/second patch.		4½ or 9 weeks	2. Following cases for 9 weeks in one sub-team, 4½ weeks in second sub-team
		11 weeks	3. Weekly patch meetings		11 weeks	3. Weekly sub-team meetings
		11 weeks	4. Informal meetings		11 weeks	4. Informal meetings
Other Area Office Units	1 week	½ week	1. Administration	1 week	1 week	1. Administration
		½ week	2. Occupational therapy			
Total	19 weeks + 1 week orientation = 20 weeks			17 weeks + 1 week orientation = 18 weeks		

General Observation of Area Offices

With the exception of the senior management group in the Metropolitan Area Office and professional supervision in both area offices, all informal and formal social worker meetings were observed at least once.

Observation of Intake of New Referrals

Cases observed were chosen from new referrals. An attempt was made to follow cases chronologically as they were referred to the area office. However, in the Metropolitan Area Office, with its daily intake staff of three social workers and a much larger referral rate than in the Suburban Area Office, this was not possible. In this area office, cases followed were chosen from new referrals according to the availability of the researcher.

Telephone referrals were discussed with the duty social worker immediately after the completion of the telephone conversation.

Approximately half of all intake interviews with referrals were directly observed. With the other cases the social worker was interviewed as soon as possible after the interview. Each case was followed until a decision was reached as to its disposal.

Observation of Area Office Patch Work with Clients (long-term cases)

Two of the three "patch" teams in both area offices participated in this part of the study. In addition to cases chosen from the caseload of patch (Metropolitan) and sub-team (Suburban) generic social workers, several cases were chosen from the caseload of those social workers in the Suburban Area Office who specialised in work with the

elderly and the mentally handicapped. (During the period of observation the Metropolitan Area Office did not have social workers specialising with particular client groups.)

Cases observed were chosen in the same way. During part of an introductory interview with each worker, the social worker concerned was asked to describe his caseload according to categories of client case types. On the basis of each worker's categorisation, one case from each category was chosen. Three variables determined the choice of a case. (i) a case was chosen if it was relatively new. This allowed the researcher to observe step by step how a social worker constructed an understanding of client. (ii) a case was chosen if it was representative of other cases in the same category. Only after a worker described several cases in any one category was a case chosen that was felt to be representative. (iii) a case was chosen if both the social worker and the client agreed that the researcher could be present at meetings.

The cases from the first patch team in both area offices were observed intensively for 4½ weeks. Thereafter, these cases were followed through periodic discussions with social workers for an additional 4½ weeks. Cases from the second patch were followed intensively for 4½ weeks. Thereafter the cases were not followed.

Interviewing

In order to clarify specific issues, social workers were interviewed at different times during and after the period of observation.

Recording

All observations were recorded in longhand as soon as possible after an interview. Discussions with social workers were recorded verbatim and typed at the end of each day.

Analysis Framework

The four research questions outlined in the previous chapter are progressional in that the answer to the first question is a necessary component in the answer to the second question and so on. (5) The basic information required for the answers to all four questions is the case disposal of referrals and clients in both area offices. As case disposal takes place in two different loci in each area office, case disposal was observed in each of these loci, as follows:

(i) Case disposal in the Metropolitan Area Office Intake Team (new referrals).

(ii) Case disposal in the Suburban Area Office Duty System (new referrals).

(iii) Case disposal in the Metropolitan Area Office patches (clients).

(iv) Case disposal in the Suburban Area Office sub-teams (clients).

General Note on the Comparison of Cases

The case classification for both offices used in this study (and described below) is the same coding system used in the Metropolitan Office's compilation of new referral statistics. Thus it is assumed that in the Metropolitan Office, comparisons between workers' cases within this coding system are valid.

The comparison of cases between the two area offices is more problematic. First, because each area office is assigned as its geographical area of responsibility a different part of the city with a different population, there exists the possibility that cases, such as elderly clients, differ fundamentally between the offices. Second, the Suburban Office uses a less specific system of case classification than the one used in the Metropolitan Office. (In addition to the case classification used in the Metropolitan Office, several workers used classifications as "hard to work with client", "girl with problem family" etc.) When differences did appear the worker concerned was asked to reclassify his cases using the Metropolitan Office's classification system. Without exception, workers found no difficulty in completing this task. However, there remains the possibility that in some way not understood by the researcher, the study is forcing a comparison between non-comparable types of cases.

Although there are no empirical grounds to suggest that the above is the case, there is evidence that case comparisons between the two area offices are valid. All cases except NFA and family are statutory and, as such, the offer of social work assistance to these cases is outlined as a population in need in the Social Work (Scotland) Act. Therefore, although biographical information varies between individual cases, workers in both offices share a common understanding of statutory cases as outlined in the Act.

Furthermore, although family cases are not defined in the Act in terms of an area office's statutory responsibility to this population group, workers tend to share a sociological understanding of families

as groupings of people living together. This does not apply to NFA cases which were observed only in the Metropolitan Office.

For these reasons, it is assumed for the purpose of this study that comparisons between the two area offices are between comparable types of cases.

Analysis Framework for Intake Team and Duty System (referrals)

To develop an overall view of case disposal work patterns, referral case disposal was charted on a diagram (Diagram 2) that measured the type of intervention offered (axis A) by the different referral case types (axis B).

DIAGRAM 2

Axis B	NFA, single homeless	Elderly	Probation, parole	Child care	Family	NAI
1. Referral to sub-team : casework						
2. Referral to intake team : casework						
3. Assessment						
4. Referral to O.T. or home care						
5. Pending						
6. Case closed advice given						
7. Case closed no intervention						

Axis A	Met.	Sub.	Met.	Sub.	Met.	Sub.	Met.	Sub.	Met.	Sub.	Met.	Sub.

Axis A lists all interventions offered referrals in both area offices. The interventions fall on a spectrum from the offer of continued social work contact to 'case closed, no intervention offered'.

Axis B lists categories of case types. These are the same coding categories used in the Metropolitan Area Office's weekly compilation of new referral statistics. When consulted, Suburban Area Office social workers recognised these categories as representative of the way they classified cases.

As only one intervention was offered each referral, chi square was used to determine the significance of comparisons made between interventions offered different case types. However, because of the small sample size, it was necessary to collapse several intervention types in order to increase the sample size. Depending on the comparison, interventions were collapsed in two ways:

(i) Interventions 1 and 2; 3 and 5; 4; and, 6 and 7. Interventions 1 and 2 were judged to represent the offer of continued social work contact. Interventions 3 and 5 were in addition thought to represent the possibility of continued social work contact. Intervention 4 represents the offer of continued contact with an area office ancillary service. Interventions 6 and 7 represent cases closed.

(ii) Interventions 1, 2, 3 and 5; and 4, 6 and 7. Interventions 1, 2, 3 and 5 were seen as representing the offer, or the possibility of the offer, of continued social work contact. Interventions 4, 6 and 7 were felt to represent cases not offered continued social work contact.

Chapter 4 describes the analysis of referral case disposal based on this analysis framework.

Analysis Framework for Patch and Sub-team (clients)

A similar diagram to Diagram 2 was used in this analysis (Diagram 3). The two diagrams differ in one significant way. As social workers' contacts with clients take place over a relatively long period of time, the list of interventions (axis A) was expanded to reflect the larger number of intervention possibilities available to patch social workers. Axis B remained the same in both diagrams.

The expanded list of interventions (axis A, Diagram 3) fall on a spectrum from the offer of therapeutic or counselling assistance to a client with psycho-social and emotional problems to the offer of instrumental assistance to a client with practical problems. The ten interventions fall into two general categories: (i) non-instrumental interventions (1 - 6) which are concerned with assisting a client with his psycho-social and/or emotional problems and (ii) instrumental interventions (7 - 10) which are concerned with assisting a client with his practical or physical problems. The list of interventions is detailed below.

DIFFERENT CASE TYPES: MGT. and SUB. OFFICES

	[1] MGT.	[–] SUB.	[6] MGT.	[4] SUB.	[8] MGT.	[13] SUB.	[9] MGT.	[1] SUB.	[10] MGT.	[11] SUB.	[6] MGT.	[12] SUB.	[2] MGT.	[1] SUB.	[1] MGT.	[2] SUB.
INTERVENTIONS																
I: INDIVIDUAL COUNSELLING	1 (4)		1 (3)	1 (4)	2 (1)	2 (1.5)	3 (3.67)		4 (3.5)	7 (4.42)	3 (4)	5 (4)			1 (4)	1 (4)
II: RELATIONSHIP COUNSELLING	1 (4)		4 (1)	2 (4)		2 (4)	4 (3.5)		4 (3.75)	5 (4)	4 (4)	3 (3.6)			1 (4)	2 (4)
III: CRISIS INTERVENTION: THERAPEUTIC	1 (4)		1 (4)	3 (4)			2 (4)		5 (3.8)	3 (4)	2 (4)	3 (4)			1 (4)	2 (4)
IV: MAINTENANCE THERAPEUTIC	1 (4)					4 (4.25)	2 (4)		6 (3.83)	7 (3.86)	2 (2.5)	2 (3)				
V: MAINTAINING CONTACT: THERAPEUTIC	1 (4)		1 (4)	2 (4)		2 (3.5)	4 (3.75)		5 (2.8)	2 (4)	3 (4)	3 (4)				
VI: ASSESSMENT: PSYCHO/EMOTIONAL	1 (4)			1 (4)			2 (2)		7 (3.43)	3 (4)	4 (2.5)	3 (4)	2 (4)	1 (4)		2 (4)
VII: CRISIS INTERVENTION: INSTRUMENTAL	1 (4)		1 (3)	1 (1)	1 (4)	1 (8)	1 (2)					4 (3.25)				
VIII: MAINTENANCE: INSTRUMENTAL	1 (4)		3 (3.67)	2 (1)	4 (4)	11 (3.36)	3 (2)		2 (2)	3 (1)	3 (1)	8 (2)			1 (1)	2 (4)
IX: MAINTAINING CONTACT: INSTRUMENTAL	1 (4)		4 (3.5)	2 (4.5)	8 (3.63)	3 (4.33)	3 (1.67)	1 (5)								
X: ASSESSMENT: INSTRUMENTAL			1 (8)				1 (3)			2 (2.5)		3 (1)	2 (4)	1 (4)		1 (4)
	NFA: SINGLE-HOMELESS		MENTALLY HANDICAPPED		ELDERLY		PROBATION / PAROLE		CHILDREN		FAMILY		FOSTER / ADOPTION		UNI	

(NUMBER OF CASES IN EACH CASE TYPE)

(i) Individual Counselling : The offer of a one-to-one (social worker-client) contact focused on a client's psycho-social and/or emotional problems.

(ii) Relationship Counselling : The offer of one-to-group (social worker-group) contacts focused on a group's psycho-social and/or emotional problems (e.g. family counselling).

(iii) Crisis Intervention-Emotional Risk : The offer of one-to-one, intensive, short series of contacts focused on a client's acute psycho-social and/or emotional problems.

(iv) Maintenance-Therapeutic : The offer of referral to a social service, other than the area office, focused on a client's psycho-social and/or emotional problems.

(v) Maintaining Contact-Emotional Risk : The offer of one-to-one contacts focused on the possibility of risk to a client's psycho-social and/or emotional well-being.

(vi) Assessment - Psycho-Social : The offer of one-to-one contacts to assess a client's psycho-social and/or emotional adjustment (or maladjustment).

(vii) Crisis Intervention-Instrumental Risk : The offer of one-to-one, intensive, short series of contacts focused on a client's acute practical problems.

(viii) Maintenance-Instrumental : The offer of referral to a service, other than the area office, focused on a client's practical problems.

(ix) Maintaining Contact-Instrumental Risk : The offer of one-to-one contacts focused on the possibility of risk to a client's physical well-being.

(x) Assessment-Instrumental : The offer of one-to-one contacts to assess a client's physical adjustment (or maladjustment).

As in the analysis of intake case disposal work patterns, comparisons were made between the interventions offered different case types. However, as more than one intervention was offered most clients, this precluded the use of a chi square test of significance. In order to retain the complexity of the pattern of all interventions offered each client, a second method of determining significance was developed. This method consisted of two component parts.

(i) Interventions offered clients of the same case type from both area offices were charted on a graph. Diagram 4 represents the charting of interventions offered mentally handicapped clients. (The same procedure was repeated for each case type.) The first two columns to the left of the graph are a copy of the interventions offered mentally handicapped clients as found in Diagram 3. Using the following formula, the percentage of mentally handicapped clients offered a particular intervention was calculated.

$$\frac{\text{Number of times an intervention was offered mentally handicapped clients}}{\text{Number of mentally handicapped clients in the sample}} = \text{the proportion of mentally handicapped clients offered a particular intervention}$$

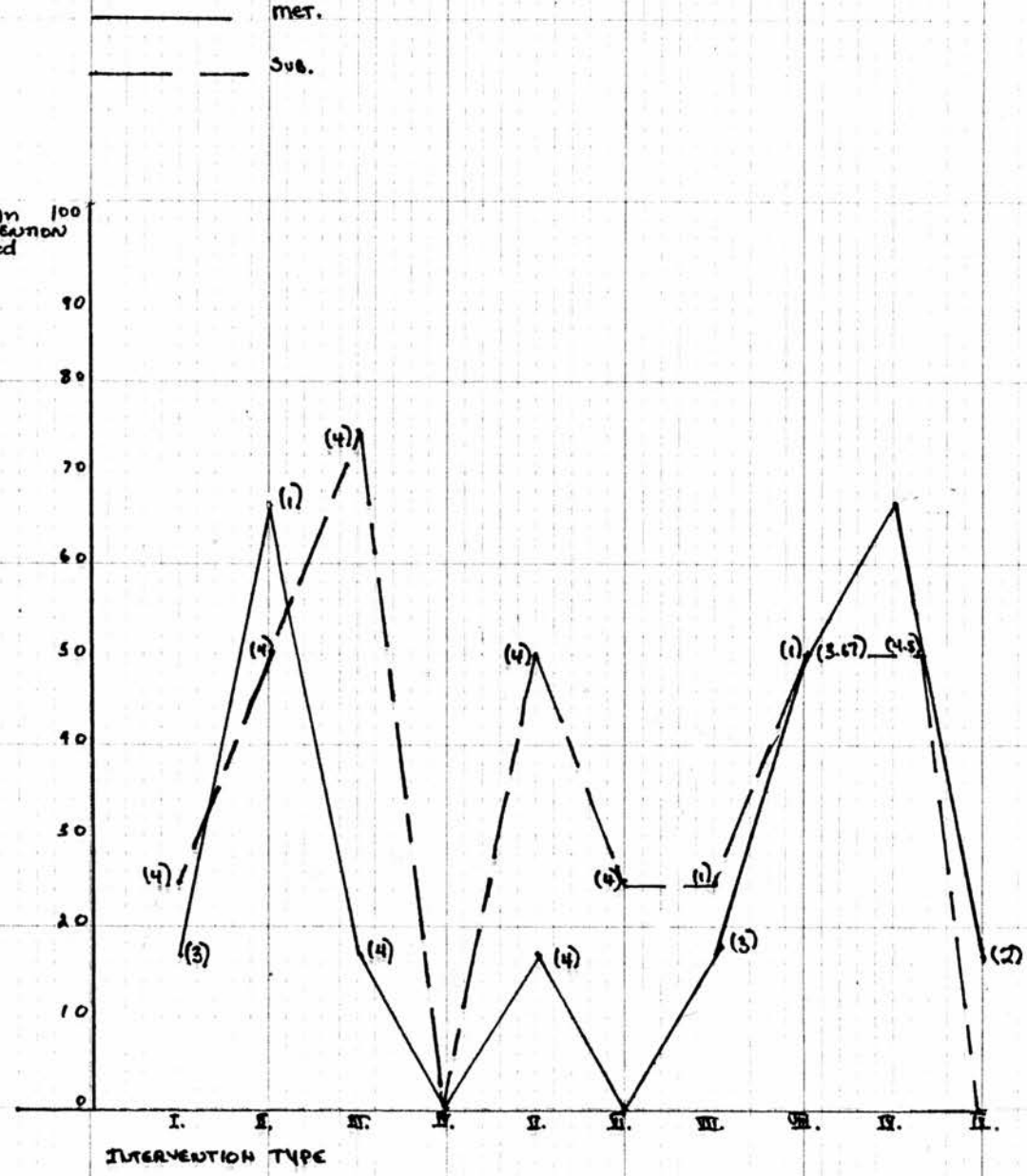
These calculations were recorded in the second two columns in Diagram 4. This information was then charted on a two dimensional graph (Diagram 4). The horizontal axis denotes the types of interventions offered. The vertical axis denotes the percentage of times an intervention was offered (from 0 to 100). The solid line denotes the interventions offered mentally handicapped clients in the Metropolitan Area Office. The broken line denotes the interventions offered mentally handicapped clients in the Suburban Area Office.

(ii) A second dimension was added to the above calculations. Each intervention offered a client was measured in terms of its overall importance to the other interventions offered the same client. Termed an intervention's 'intensity value', these values were calculated on a scale from '5' to '1', 5 indicating a "high" and 1 indicating "low" intensity. The scale is detailed below.

MET. TO SUB.

COMPARISON OF INTERVENTIONS OFFERED

TOTAL NUMBER OF CASES	[6] MET.	[4] SUB.	MET.	SUB.
I. INDIVIDUAL COUNSELLING	1	1	.17 (3)	.25 (4)
II. RELATIONSHIP COUNSELLING	4	2	.67 (1)	.50 (4)
III. CRISIS INTERVENTION: THERAPEUTIC	1	3	.17 (4)	.75 (4)
IV. MAINTENANCE: THERAPEUTIC				
V. MAINTAINING CONTACT: THERAPEUTIC	1	2	.17 (4)	.50 (4)
VI. ASSESSMENT: PSYCHO/EMOTIONAL		1		.25 (4)
VII. CRISIS INTERVENTION: INSTRUMENTAL	1	1	.17 (3)	.25 (1)
VIII. MAINTENANCE: INSTRUMENTAL	3	2	.50 (3.67)	.50 (1)
IX. MAINTAINING CONTACT: INSTRUMENTAL	4	2	.67 (3.5)	.50 (4.5)
X. ASSESSMENT: INSTRUMENTAL	1		.17 (2)	



5 - The only intervention offered a client.

4 - A primary intervention offered in conjunction with other interventions with lower intensity values.

3 - A central intervention offered in conjunction with other central interventions or interventions with lower intensity values.

2 - A secondary intervention offered in conjunction with primary or central interventions.

1 - A minor intervention offered in conjunction with primary interventions.

Depending on the number of interventions offered a client, intensity values were measured in two ways. If one intervention only was offered a client, the intervention was assigned the value 5. If more than one intervention was offered, the intensity value was determined by the relative importance a worker gave to an intervention as compared to the other interventions offered the same client. The relative importance of interventions offered a client was determined by two factors: (i) the social worker's explanations of his work with a client and (ii) the researcher's evaluation of those social worker-client interactions he observed with clients in the sample. The final decision as to the intensity value given an intervention was solely the decision of the researcher.

Frequency with which an intervention was offered was not used as a basis of measurement. Although the frequency with which an intervention was offered usually overlapped with the importance of the intervention, this was not true in all cases. For example, a social worker might consider his fortnightly counselling sessions with a family the most important intervention he offered a family, even though he

might meet with the same family daily over such other issues as unpaid bills.

The average intensity value for each intervention offered mentally handicapped clients appears in parentheses in Diagram 4. (The average intensity value for each intervention offered all clients also appears in parentheses in Diagram 3.) For the purpose of this study, intensity values 3 to 5 are considered high intensity values and intensity values 1 to 2.99 are considered low intensity values.

Intensity values provide an added dimension to the analysis of interventions offered clients in three basic ways. First, in addition to measuring the frequency with which an intervention was offered (previous discussion), intensity values measure the 'importance' of an intervention in relation to the other forms of assistance offered a client. Second, intensity values counterbalance the relative smallness of the sample. For example, though intervention 2 ('relationship counselling') was offered to 67% of mentally handicapped clients in the Metropolitan Office, the intervention has a low intensity value of 1. Without an intensity value, this intervention could have been considered as the most important intervention offered mentally handicapped clients.

Third, intensity values enable the researcher to undertake a more sensitive analysis of the interventions offered. For example, though intervention 2 was offered to 67% of the mentally handicapped clients in the Metropolitan Office, it has a low intensity value. This raised the question as to why and how this intervention was used.

In addition, intensity values generate a more sensitive comparative

analysis of interventions offered in both area offices. For example, whereas intervention 3 ('crisis intervention-emotional risk') was offered to 17% of the mentally handicapped clients in the Metropolitan Office and to 75% in the Suburban Office, the interventions offered in both area offices have high intensity values of 4. As in the previous example, this raised the question as to why and how this intervention was used in each area office.

Chapter 5 presents the analysis of client case disposal based on this analysis framework.

CHAPTER 3

Setting

Social Work (Scotland) Act

The Social Work (Scotland) Act was designed as a response to the unco-ordinated and duplicating personal social services that functioned independently in Scotland in the 1950s and 1960s. The Rowntree Report posited that the Act was designed to bridge the "gaps in services, the waste in resources with problem families often served by six different agencies, inadequate scope for assessing needs as a whole, inefficiency in using the scarce resources of skilled personnel ...". (1) Gandy saw the Act as also implying an ideological shift from a functional system (social services oriented to specific client groups) to a generic system (social services oriented to 'natural' client groups as families, peer groups, etc. in one small geographic area) of social services. He wrote that the Act was an "attempt to make social services more relevant to the needs of the poor and underprivileged" by "establishing departments of social work in place of small functional services with (i) an emphasis on prevention rather than cure and (ii) emphasis on family and community as objects of concern and not merely individuals with problems." (2)

Significantly, the Act concluded that the solution to the problems faced by the social services in the 1960s involved both administrative and ideological changes in the way the social work departments functioned. Administratively the previous independent services were centralised into one Social Work Department. Ideologically the terms in which the Act are couched permitted workers to view it as providing a

theoretical basis to understand and provide for the generic needs of a community. As such, the Act reinterpreted how sections of the community were understood and helped. For example, adolescent delinquent behaviour was reinterpreted from a legal-criminal definition which implied that delinquent behaviour should be dealt with by the courts to a psycho-social definition in which the problem was seen as more relevantly dealt with by the Childrens' Panels and social work area offices. (3)

Today, the Act provides a legal framework for local authorities to intervene in the lives of their citizenry. The degree to which these changes determine the type of help local area offices offer depends on the generality (or specificity) of a responsibility as defined in the Act. The more general the responsibility, the more discretion the area office workers have to interpret how the responsibility is understood and implemented (Section 12 and Part IV of the Act). The more specific the responsibility, the less discretion the area office and individual social workers have to interpret how the responsibility is understood and implemented. (Sections 16 and 17 of the Act).

However, the Act can be interpreted in two ways. On the one hand, the Act can be seen as defining the general legal responsibilities of area offices to the communities they serve. On the other hand, it can be seen as providing the area office with a legal rationalisation to intervene (or not intervene) in 'new' ways in the communities they serve. The more detailed the definition of responsibility, the more the Act determines the content of the office's responsibility to sections of the community it serves. The more general the

responsibility, the more the Act provides the legal context of a service offered and thereby a rationalisation to intervene in the lives of the people living in the community it serves.

External Administrative Environment

The two area offices which participated in this study are part of the Albion Regional Social Work Department (which will be referred to in this thesis as the 'Regional Office'). The Regional Office is responsible for the general provision of social services in one urban and four rural population centres. Each population centre has its own divisional Social Work Directorate and local area offices.

The Albion City Social Work Department (which will be referred to as the 'City Office') is responsible for the provision of social services in the region's urban centre. The City Office is divided into two bureaucratic units: (i) the central office and (ii) the local area offices. The central office comprises a director, an assistant director and several divisional officers. Each divisional officer liaises with several of the city's area offices.

Area Offices

Each area office is responsible for service delivery in a geographic district of the city. With the reorganisation of the personal social services in the early 1970s, the area offices were intended to serve as umbrella organisations for several generic services such as home help, occupational therapy and social work. The amalgamation of previously independent services into local area offices is reflected in the current bureaucratic structure of these offices.

With minor exceptions, area offices are comprised of home help, occupational therapy (to be referred to as O.T.), administration and social work units. A unit co-ordinator or senior social worker heads each unit. The unit co-ordinators are administratively responsible to the area officer. The one exception to this is the O.T. workers who are administratively responsible to the Regional Office.

Client helping is the primary work of area offices. Variations appear among area offices in the way work is divided. (4) Generally these work variations fall into two types: (i) Office staff are divided into sub-units, with each sub-unit responsible for service delivery in a sub-section of the office's geographic area of responsibility. The work rationale underlying this variation is that the smaller the area served, the more intimate will be the social workers' knowledge of the community and its needs; (ii) office work is divided according to the interests and skills of individual social workers. Underlying this variation is the belief that clients' needs are more comprehensively met if they are 'matched' to workers' interests and skills. (5) Like most of the area offices in the Regional Office, the two area offices observed fall into the first category of work variations.

External Physical Environment

In terms of the geographic area served, the Metropolitan and Suburban Offices differ significantly.

Metropolitan Office

The Metropolitan Area Office's geographic area of responsibility is a heterogeneous mixture of population groups and land uses. The east side of the office's area of responsibility is a stratified but stable mixture of wealthy, middle and working class families. The boundary lines that separate these strata are clearly demarcated. Similarly, a balance has been reached between competing land use interests in the area. The further one goes from the city centre, the more land use is residential. The closer to the city centre, the more land use is commercial. This balance rarely changes.

The west side comprises two districts. The district furthest from the city centre is a stable mixture of middle and working class families. The district is primarily residential, with small shops serving the local community. The area closer to the city centre is very different. Crossed by four major transportation arteries and architecturally changed by two urban renewal projects, the district is undergoing a series of rapid changes. The urban renewal projects not only changed the physical appearance of the district but also aggravated tensions between the area's different land use interests. The current trend is for old tenement buildings to be sold and renovated as middle and upper class housing. Today, one street of run down tenement houses backs onto a second street of renovated buildings containing expensive flats.

In terms of land use, commercial, cultural and residential interests compete for the district's limited land space. In response to these pressures, local tenants groups have become increasingly active in maintaining a balance between these interests. However, as

most of the district's residents and users consider the overall renovation of the area as beneficial, the tensions between the different interests is primarily over the balance in land use and not about particular groups affected by the increases in land values.

This point is exemplified by the 'up-marketing' of the area traditionally used by the city's single homeless and hostel population. During the last four years many of the area's pubs and second-hand clothes dealers have sold out their premises to up-market pubs and shops. The new pubs and shops are now closed, by virtue of this, to the area's traditional residents. If the trend continues, in the relatively near future this population group will be 'decamped' from the district. Considering that the single homeless and hostel residents make up more than 50% of the referrals to the area office, competing land use interests affect directly a large proportion of the people coming, or referred, to the office for help.

Suburban Office

The Suburban Area Office's geographic area of responsibility is a homogeneous mixture of population groups and land use interests.

The architecture of the area is primarily multi-family council houses for working class families, with small shops serving the local community. The one exception is the slip of land adjacent to the sea. Once a popular family resort, today the architecture of the district is 'amusement park', reconverted from tenement houses. On a clear day families still walk along the sea promenade. However, the same area has been the location of several gang fights over the last few years, illustrating its heterogeneous but unchanging nature.

Internal Working Environment

The purpose of the following discussion is to show how social workers in both area offices use building space in their daily work routines. It is not the intention of this discussion to suggest that building space determines the content of office work patterns; however, it is possible to analyse the ways building space is used as indicative of area office general work patterns and concerns.

Physical Setting : Metropolitan Office

The office is located on a side street of small shops. The front of the building was designed to ensure the privacy of social worker-client interactions within the building. However, although this internal privacy is maintained, the design accentuates the building's street image as different from the neighbouring shops. The office's opaque ground floor windows contrast sharply with its neighbours' use of large plate glass windows to advertise shop goods. This difference is further accentuated by the office's use of a small, two-coloured sign to denote its location as compared to its neighbours' use of brightly coloured signs.

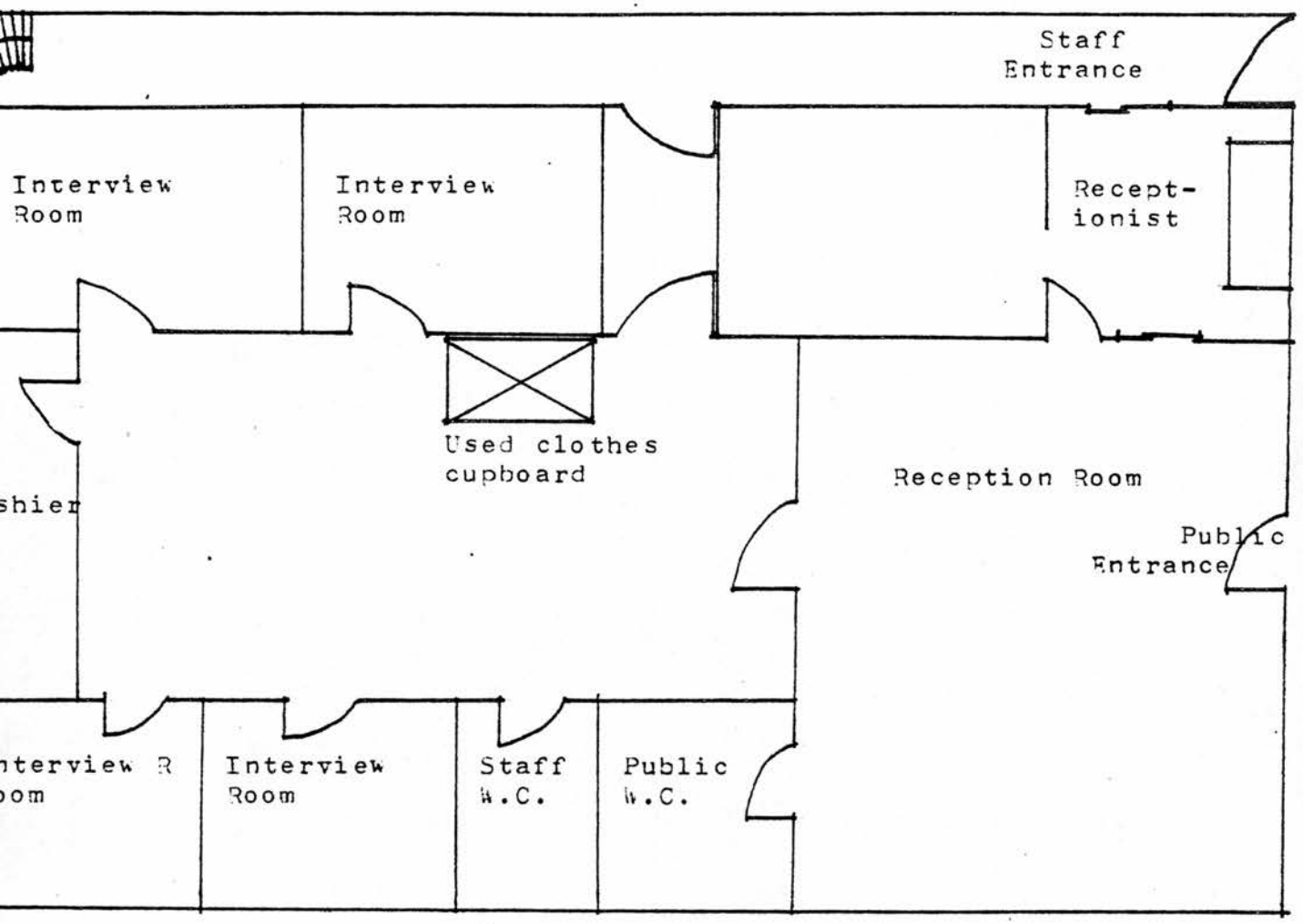
The Physical and Information Flow of and about Referrals

Diagrams 5 and 6 outline the Metropolitan Office's floor plans.

The physical and information flow of and about referrals through the area office is carefully controlled, managed and moved along clearly sign-posted routes.

agram 5 Metropolitan Area Office: General Floor Plan

Ground Floor



First Floor

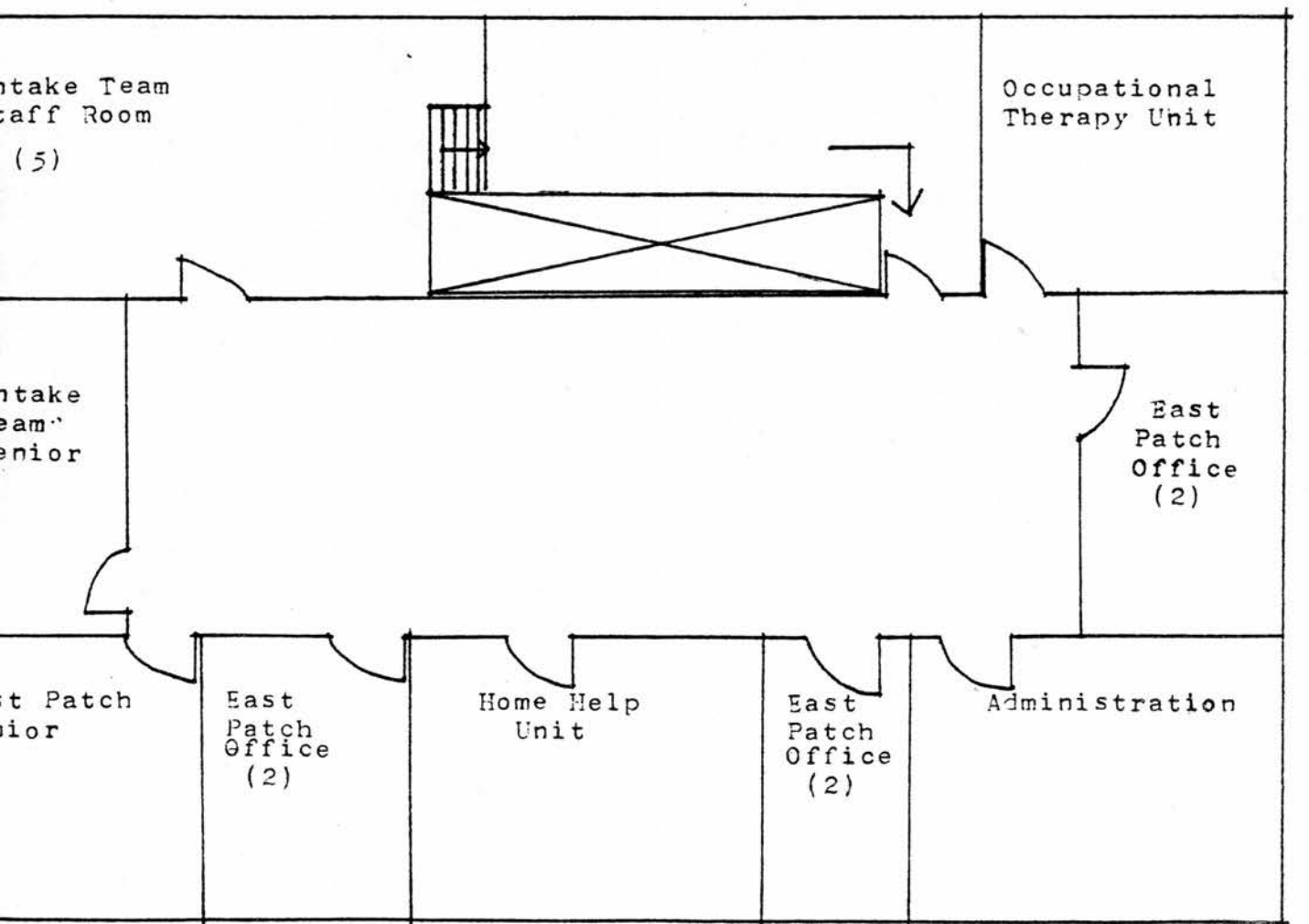
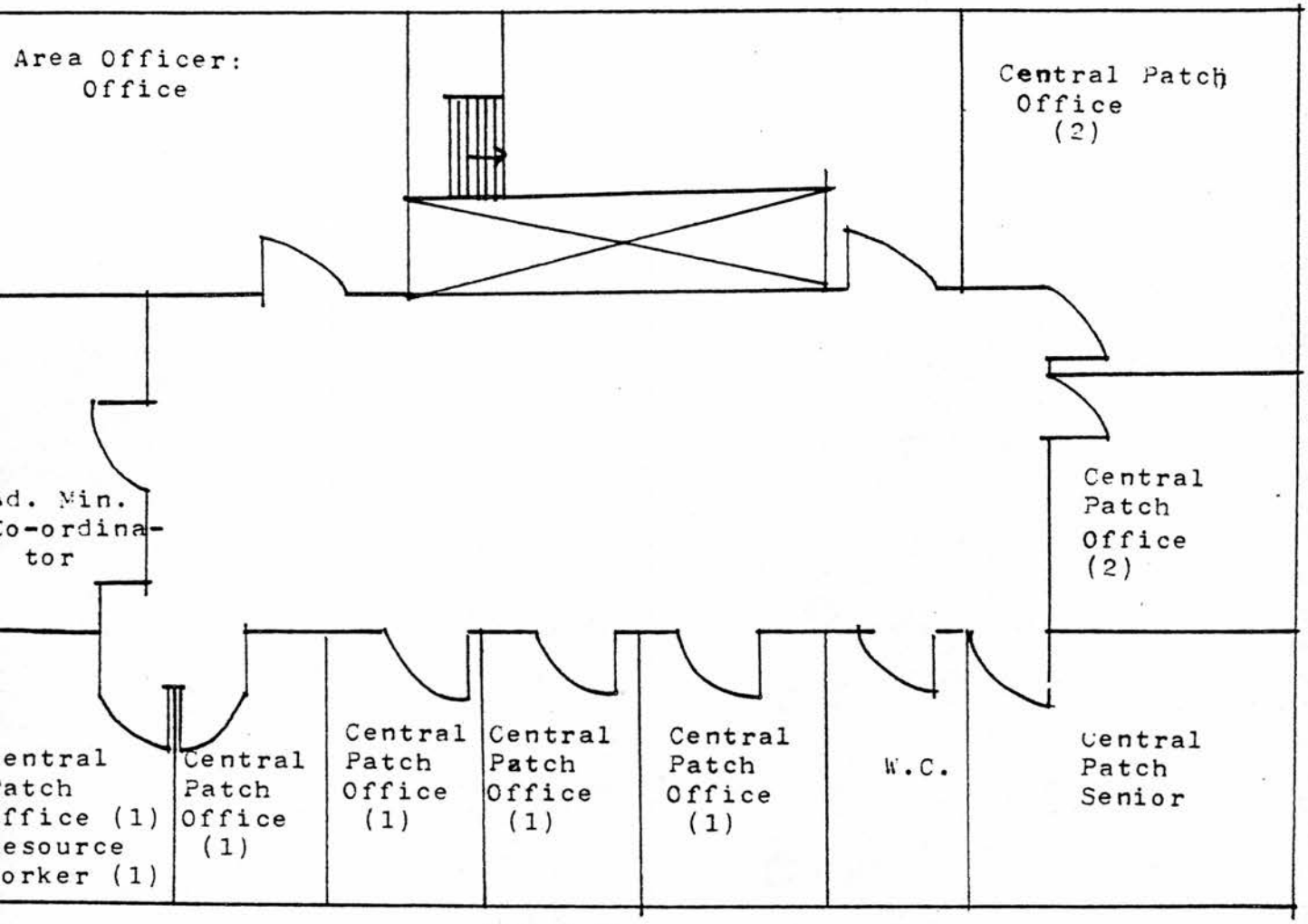
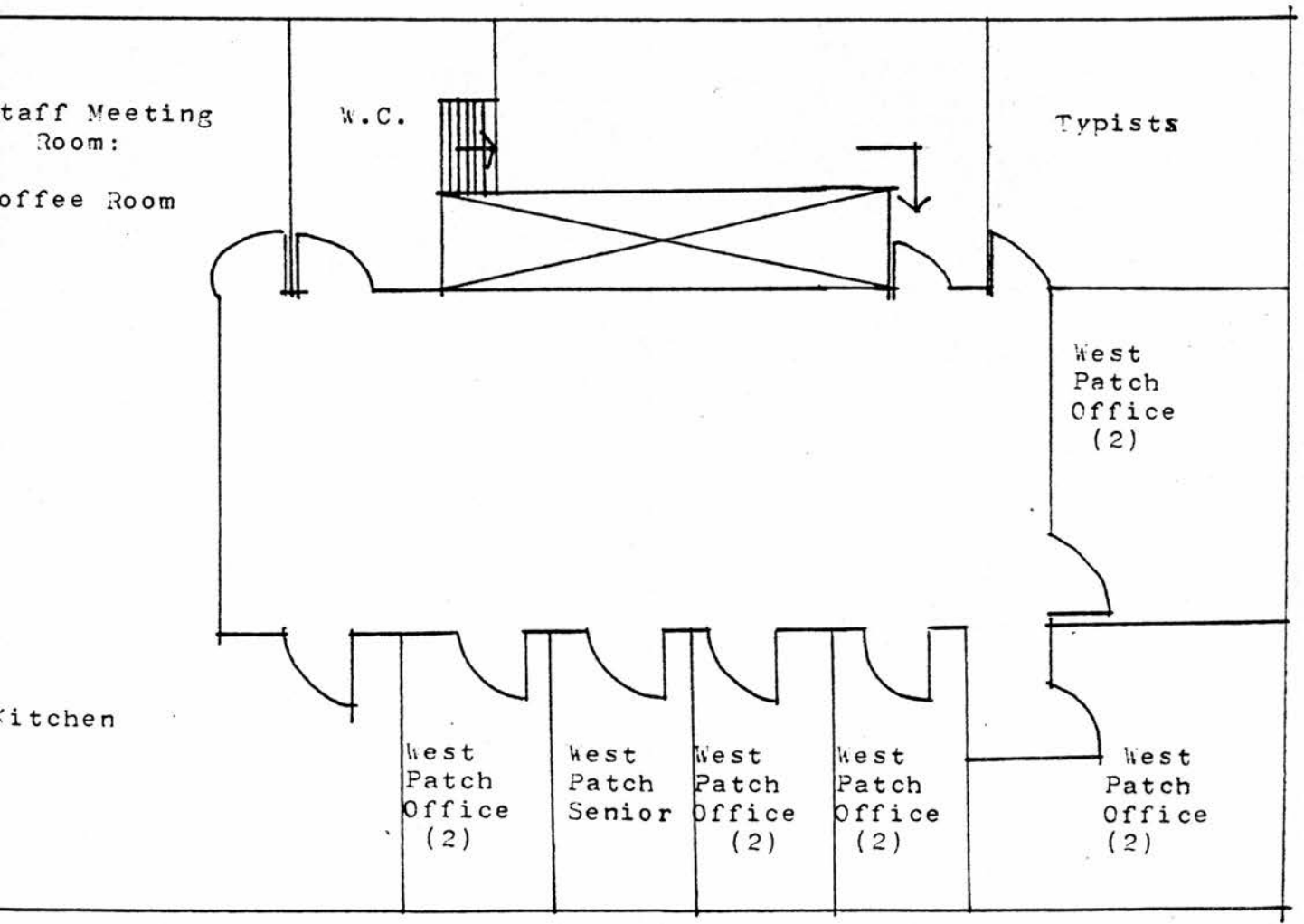


Diagram 6

Second Floor



Third Floor



Although the office has two entrances, only one is open to referrals (and clients). Inside the reception area, the receptionist sits in a small room behind a reception counter. Visible from the chest up, her partial public appearance to anyone entering the office accentuates her function as a receptionist and de-emphasises the person of the receptionist. On the other hand, although she is only partially visible to anyone entering the office, whoever enters the office is fully visible to the receptionist. The location and public appearance of the receptionist allow her to control referral movement and behaviour in the reception area. Two examples illustrate this point, and in considering these the reader should bear in mind the contrast between what is about to be described and the relative freedom of movement of customers in the neighbouring shops.

(i) In the first example, the receptionist maintained reception room norms by publicly limiting <u>who</u> can legitimately use the reception room.

> "A man came in and said that he wanted to 'look around'. I told him that he was not permitted to go past the reception desk. He could look at posters if he wanted".

(ii) In the second example, the receptionist managed referral movement by controlling how reception room facilities were used.

> "Jack came into the reception room. He talked with Jane (receptionist) for several minutes. After Jack left the office, the receptionist said 'He wanted to shave in the bathroom. I told him that the area office is no place for him to shave. He left when I told him that'.
>
> A little before closing Jack returned with several friends to the office. He entered the bathroom and immediately came out and complained that there was no soap. He left the office stating that he was returning after he bought some soap. After he left the office, the receptionist put an 'out of order' sign on the bathroom door. Jack returned to the office and, finding the sign on the door, said 'It was working before'. The receptionist answered that 'It is out of order now'.
>
> ... Asked if she thought that Jack knew the bathroom was in working order, she answered 'Yes, but if we let him shave then all the NFA (single homeless) and hostel people will come in for shaves'".

These examples illustrate several ways in which people's behaviour is managed in the reception room. First, the structure of the room limits movement from the reception room to other areas of the building. The boundary lines between the reception area and the other areas of the building are clearly sign-posted by closed doors. The norm communicated by these closed doors is that people waiting in the reception room are expected to wait in the reception area unless accompanied by a member of staff to another part of the building. Second, the receptionist can change these sign-posts to limit movement. In the case of Jack, the receptionist put an 'out of order' sign on the bathroom door to signal him that the bathroom was no longer to be used by people in the reception room. The receptionist was in effect shrinking the reception room area in order to enforce reception room norms. Third, reception room behaviour norms are never made explicit.

Because the receptionist enforces reception room norms by reacting to behaviours she perceives as not acceptable, and nowhere are the norms made explicit, the onus is on the person waiting in the room to show that his behaviour is acceptable. As a result, in order not to draw attention to himself, a person waiting in the reception room will usually sit quietly, with a minimum of movement.

Information flow about clients also moves along established routes. A referral 'checks in' with the receptionist when he tells her his name, address and whether he has previously been to the area office. He is then given an appointment and asked to wait in the reception room until an intake worker is available to see him.

During the time the referral is waiting to see a social worker, the receptionist relays this information to an administration worker who then follows an established routine: (i) she checks the 'truth' of the information by seeing if the referral's name appears on any of the office's referral or client lists and (ii) she prepares the referral's file for the intake worker to read before the interview. Although these procedures routinise the reception procedure, in effect they also mean that information about the referral is processed in two ways: (i) if the referral has previously been to the office, his current 'problem' is related and interpreted in the light of his past 'problem'; (ii) as a file is opened for each referral, the person's individual problems become the factors which determine the direction of the initial interview. That is, at no time during this procedure is similar information about referrals of the same case type 'pooled' to form a wider, sociological understanding of referrals and their needs. (6)

Interviews

The interview is the planned product of the reception process. Although the interview and reception processes differ in content, in both contexts workers manage the physical and information flows of and about referrals.

The interview is separated from the reception process in two ways. Physically, the reception and the interview area are separated by a closed door. A referral 'moves' from one area to another only in the company of a social worker. Secondly, the working 'props' change, in that whereas the focus of the reception process is the management of the physical and general information flow of and about referrals in the beginning stages, the focus of the management techniques used in the interview is the management and control of individualised information discussed in the interview. This is analysed in detail in Chapter 4, but for present purposes two examples may serve to illustrate this point. First, although a telephone extension is available in each interview room to be used when necessary during the interview, it rarely is used. In all cases observed, the interviewing social worker chose to leave the referral in the interview room and to make a 'phone call from another room. As outside 'phone calls were to the DHSS primarily, and did not involve sensitive information, the principal effect of the social worker's absenting herself from the interview room was to limit and control the amount and type of information discussed in the interview. Second, a used clothes cupboard stands outside the interview rooms. Considering that clothes are instrumental solutions to practical problems, the presence of this 'prop' illustrates the acceptability and availability of the

work option to understand and work with referrals on the basis of their practical problems. (This point is discussed in detail in Chapter 4.)

General Office Social and Work Interactions

The analysis contained in the preceding discussion focused on the analysis of several techniques that social workers use to manage both the physical and information flow of and about referrals. The following discussion focuses on office social and work interactions as they reflect the office's primary work concerns.

The intake team, the east patch social work unit, the home help and O.T. units share the offices on the first floor. Although the floor's public activity is minimal as most work activities take place in workers' offices, any public activities that do take place are dominated by the intake team in two ways. First, since intake workers share one office, intake work discussions tend to involve more than two workers. The hum of these discussions can be heard along the corridor. Second, as only current files are kept in workers' offices, and intake work is largely concerned with new and 'closed' cases returning to the office, much of the floor's corridor activity consists of intake workers walking to and from the administration offices to collect and return these case files. This is contrasted to the private nature of work and social activities in the east patch which take place in the workers' rooms and rarely involve more than two workers. Similarly, the absence of public activity on the second floor reflects the 'privateness' of patch work and social activities.

The office's west patch and communal coffee-meeting room is

located on the third floor. It is the one room allocated for informal discussions between groups of workers from the different patches, but its use for this purpose is limited because: (i) the use of the room is considered a non-work activity (this point was discussed several times at staff meetings) and (ii) the room is used during the week for scheduled meetings.

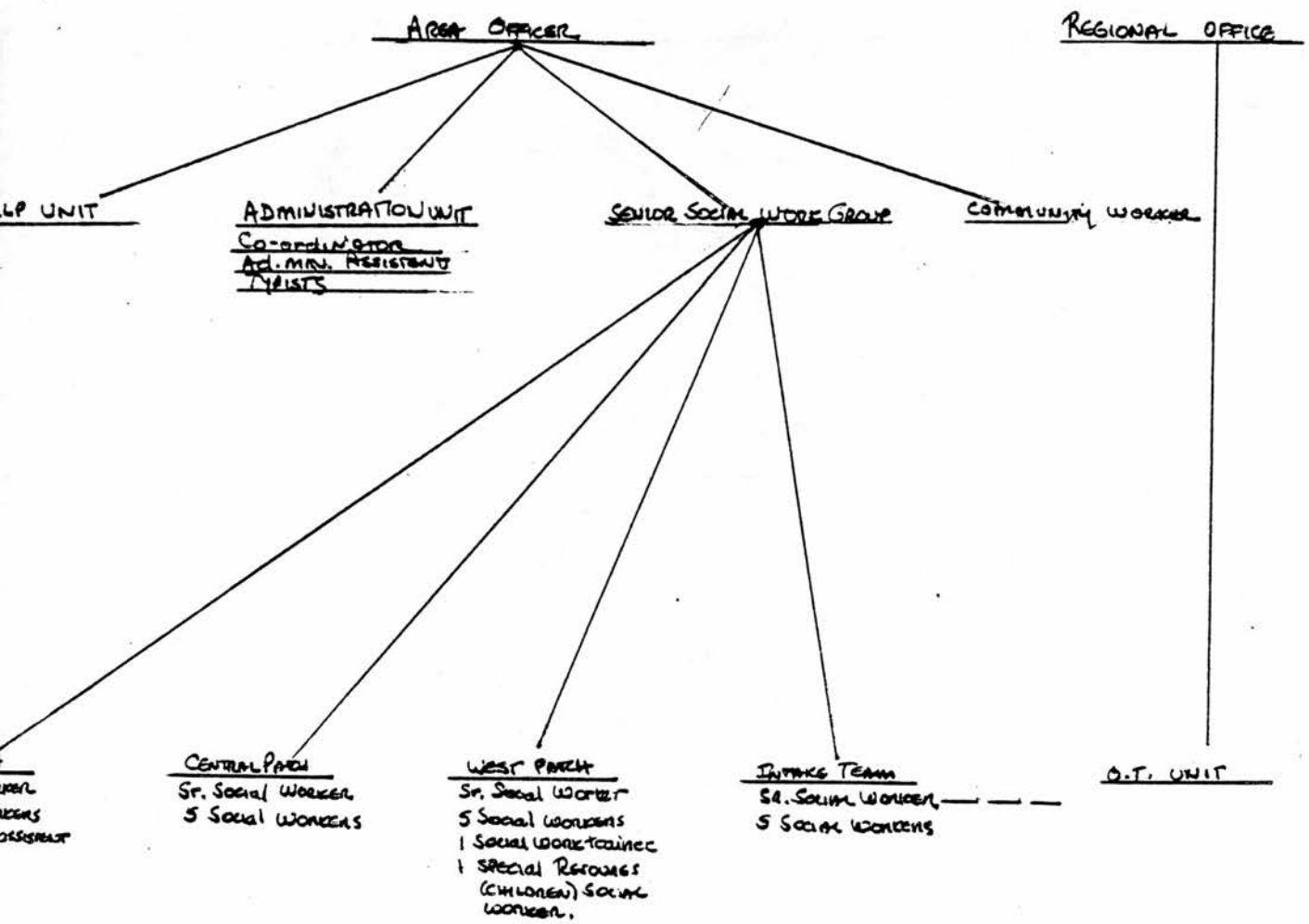
As a result, inter-unit discussions are primarily formal. The most important of these meetings is the weekly staff meeting. As will be explained more fully in Chapter 6, these meetings are formal with planned agendas, and they therefore present little opportunity for informal discussions between members of the different units within the area team.

Summarising these points, Metropolitan Office social and general work activities primarily occur inside the patch team, in individual worker's offices, and rarely involve more than two workers. The one main exception is the weekly staff meeting which is formal, with a planned agenda. Because these meetings are so structured, there is little opportunity within them for informal discussions between members of the different patches.

Bureaucratic Structure and the Division of Work

Diagram 7 outlines the general bureaucratic structure of the area office.

DIAGRAM 7


AREA OFFICER
REGIONAL OFFICE
LP UNIT
ADMINISTRATION UNIT
Co-ordinator
Adm. Asst. Assistant
Typists
SENIOR SOCIAL WORK GROUP
COMMUNITY WORKER
CENTRAL PATCH
Sr. Social Worker
5 Social Workers
WEST PATCH
Sr. Social Worker
5 Social Workers
1 Social Work Trainee
1 Special Resources (Children) Social Workers.
INTAKE TEAM
Sr. Social Worker
5 Social Workers
O.T. UNIT

In comparison to the Suburban Office (Diagram 10), the Metropolitan Office's management structure is hierarchical and centralised. As discussed in Chapter 6, communication is basically vertical as sub-units function relatively independently and are administratively accountable to the area officer only. Inter-unit communication is primarily formal (i.e. weekly staff meetings). This directly affects how work is divided in the area office.

Although these points are analysed in detail in Chapters 4, 5 and 6, it is possible to illustrate this point by an analysis of case transfers from the intake team to the patches. In all the cases observed, these case transfers were problematic.

The intake team is responsible for all new referrals (except statutory child, probation-parole and mentally handicapped cases) and 'closed case' referrals. Case disposal decisions are made at the intake team's daily allocation meetings. Five case disposal options are available to the intake team. They may (i) allocate the case to an intake worker; (ii) allocate the case to an O.T. or home help worker; (iii) keep the case pending until further information is received; (iv) close the case and (v) refer the case to a patch social worker. As long as case disposal decisions involve only intake, home help or O.T. staff, the case disposal decisions are not problematic. However, the transfer of cases from the intake to the patches is problematic.

When a case is transferred to the patches from the intake team, it is presented by an intake team liaison worker at the patch's weekly staff meeting. These cases are rarely transferred successfully. Summing up this problem, the intake team senior social worker stated:

> "A liaison worker can present the case but the patch is not obligated to receive and allocate the case. It (whether a case is to be accepted for allocation) depends on the way the liaison worker presents the case and the working relationship she has with the patch senior. Also each patch senior has his own ideas as to at what stage in our contact the case should be transferred. One senior wants a clear remit as to why we are transferring the case. A second senior says he does not want to inherit intake team work contracts with clients and wants us to refer the cases much earlier. It is the 'style' of the patch that determines when we refer cases - so that they have a chance of being allocated. There is another way if there is no agreement. We can refer the case to the area officer and let her decide".

The reason for the difficulty the intake team experiences in transferring cases to the patches is that the office's sub-units function relatively independently. On one level, the above statement shows that there is no established office policy in regard to the transfer of cases between the office's sub-units. On a second level, the problems expressed by the intake team senior are symptomatic of the different work concerns (perspectives) of the intake team and the patches. As the intake team deals with approximately 2,500+ referrals per year, the team's members are primarily concerned with the screening and filtering of cases through the office. (This will be discussed more fully in Chapters 4 and 6.) On the other hand, as illustrated in the above quote, the patches are principally concerned with long-term treatment issues. At the time the office was observed, these conflicts between the office's sub-units were resolved by "referring them to the area officer". However, this was rarely done. As a result,

the intake team works primarily with NFA, hostel and short-term elderly referrals whereas the patches work primarily with children, families, long-term elderly, offender and mentally handicapped clients.(7) These points are analysed in detail in the following chapters.

Physical Setting : Suburban Office

The office is located on a side street five minutes walking distance from the nearest 'bus stop. Standing well back from the street, the first floor of the office is blocked from view by a high stone wall. As a result it is relatively difficult to distinguish the office as different from the neighbouring buildings. The office uses the same two-coloured sign as the Metropolitan Office. Although a subjective impression, in the Metropolitan Office the smallness of the sign accentuates the difference of the office from the neighbouring shops whereas in the Suburban Office it accentuates the office's anonymity.

Diagrams 8 and 9 outline the office's floor plans. (Diagram 9 is an outline of the annex used by the area office during the time renovations to the main building took place.)

In contrast to the Metropolitan Office, less work time is spent on the management and control of referrals as they are moved through the office's different units. This is illustrated by staff reactions to a plan to move the reception and interview rooms into the main part of the building during the time part of the building was being renovated. Although the receptionist and several of the administration workers expressed concern that the receptionist would

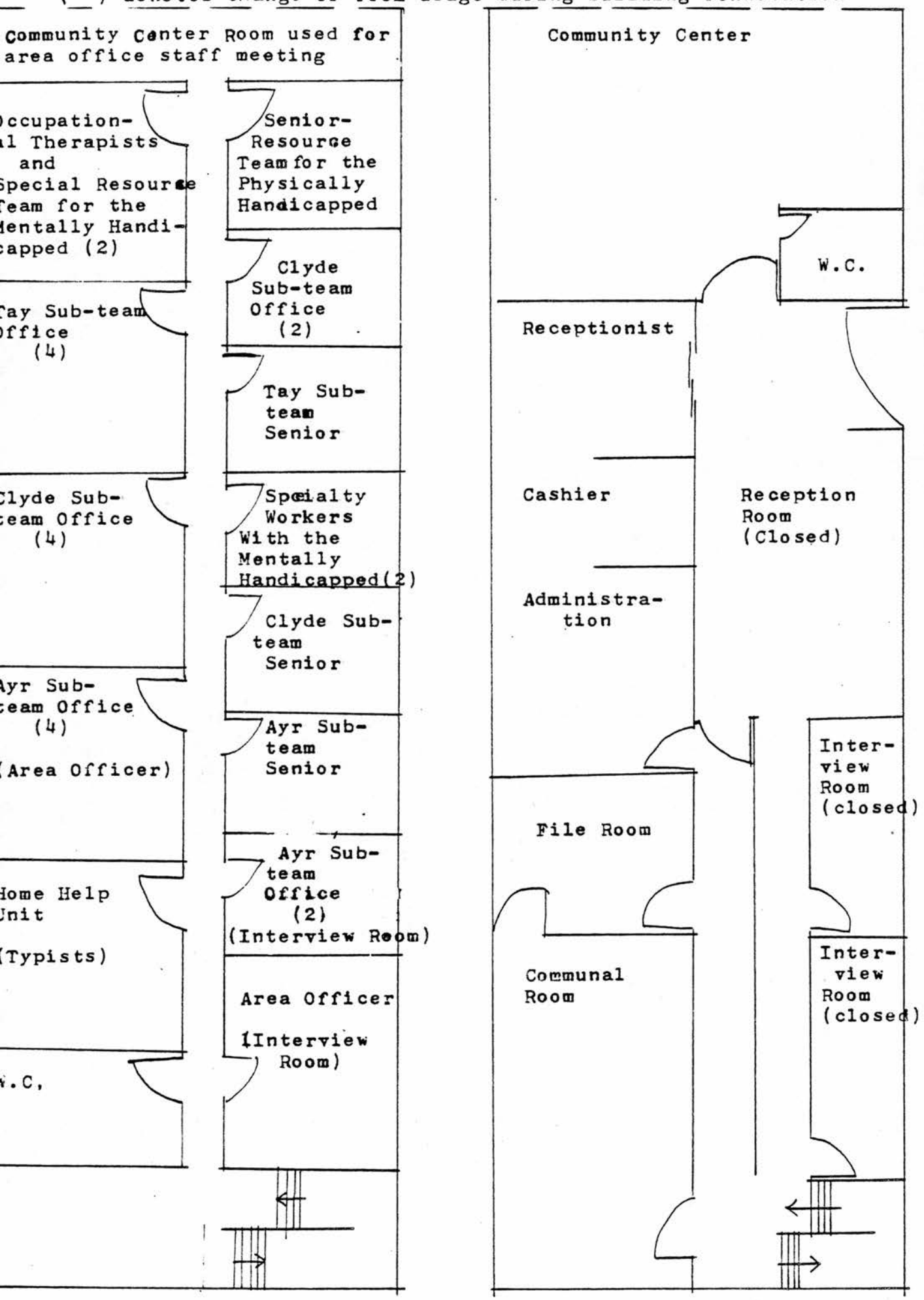
no longer be able to "keep an eye on things", the issue was discussed only once in a staff meeting and not at all in the informal worker discussions that were observed. The reason this move was accepted in this way is that closely supervised management of referral flow through the office is not considered a necessary part of office work.

Although less emphasis is placed on worker management of referral flow through the office, some aspects of information management are similar. For example, as in the Metropolitan Office, the 'checking-in' procedure is part of a process that predetermines the parameters of the interview discussion.

Interviews

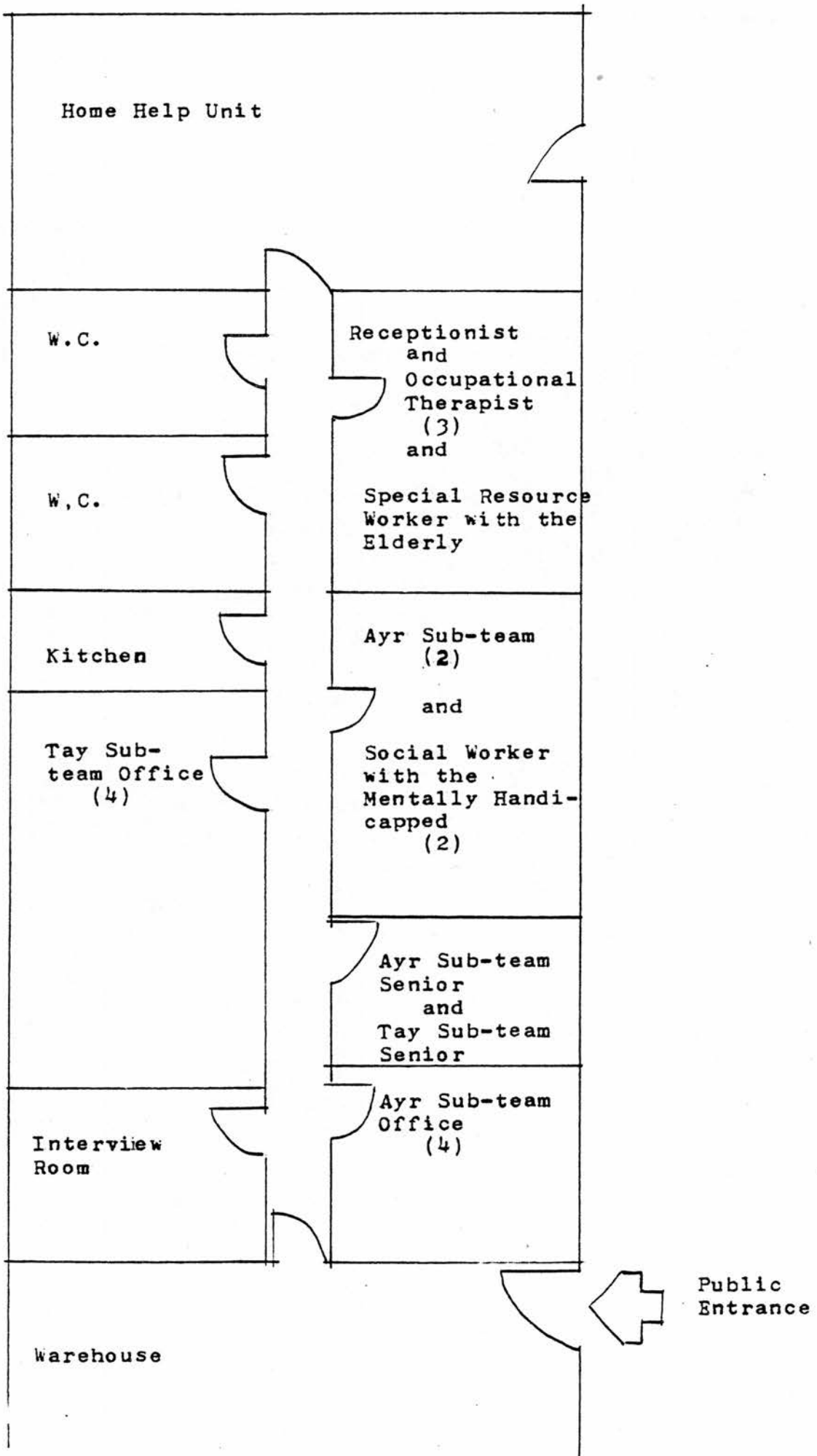
Although both offices use the same 'checking-in' procedure, the offices differ significantly in terms of the content of intake interviews. In the Suburban Office interview discussions tend to include, rather than exclude, personal biographical information about the referral in addition to his practical problems. One reason for this is that, in the interviews observed, workers rarely left the interview room for extended periods of time. As such, there is more of a likelihood of an unbroken, consistent discussion between the interviewing social worker and the referral. As a result, there is a greater chance that personal biographical information about the referral is introduced and discussed.

Suburban Area Office: General Floor Plan — Diagram 8



Suburban Area Office: General Floor Plan of Annex During Renovation

Diagram 9



General Office Social and Work Interactions

The preceding discussion contrasted the different ways each area office manages the flow of referrals and of information about them through the office. The following discussion analyses the Suburban Office's social and work interactions as they reflect the office's general work concerns. As with the analysis of the Metropolitan Office, the discussion is divided into two parts: (i) the analysis of social and general work activities and (ii) the analysis of the office's bureaucratic structure and division of work.

Social and General Work Activities

Building floor space is divided into offices of 3 to 4 workers per room. The office's senior social workers and area officer have their own rooms. These rooms are all located on one floor of the building. As a result, the first floor is both the social and work centre of the office.

In contrast to the 'private' social and work activities in the Metropolitan Office, such activities in the Suburban Office are more 'public'. Because of the large number of workers in each room, and the use of a communal coffee pot (one pot for each sub-team located in every pair of rooms), a considerable amount of time is spent in informal discussions. The fact that these informal discussions have not been criticised as non-work activities, may suggest that they are considered part of legitimate area office work. On the other hand, because building space is used in this way, there are relatively few 'private' working areas.

The importance of these informal discussions as determinants of office social and work patterns is shown by comparing them to the office's bi-weekly staff meetings.

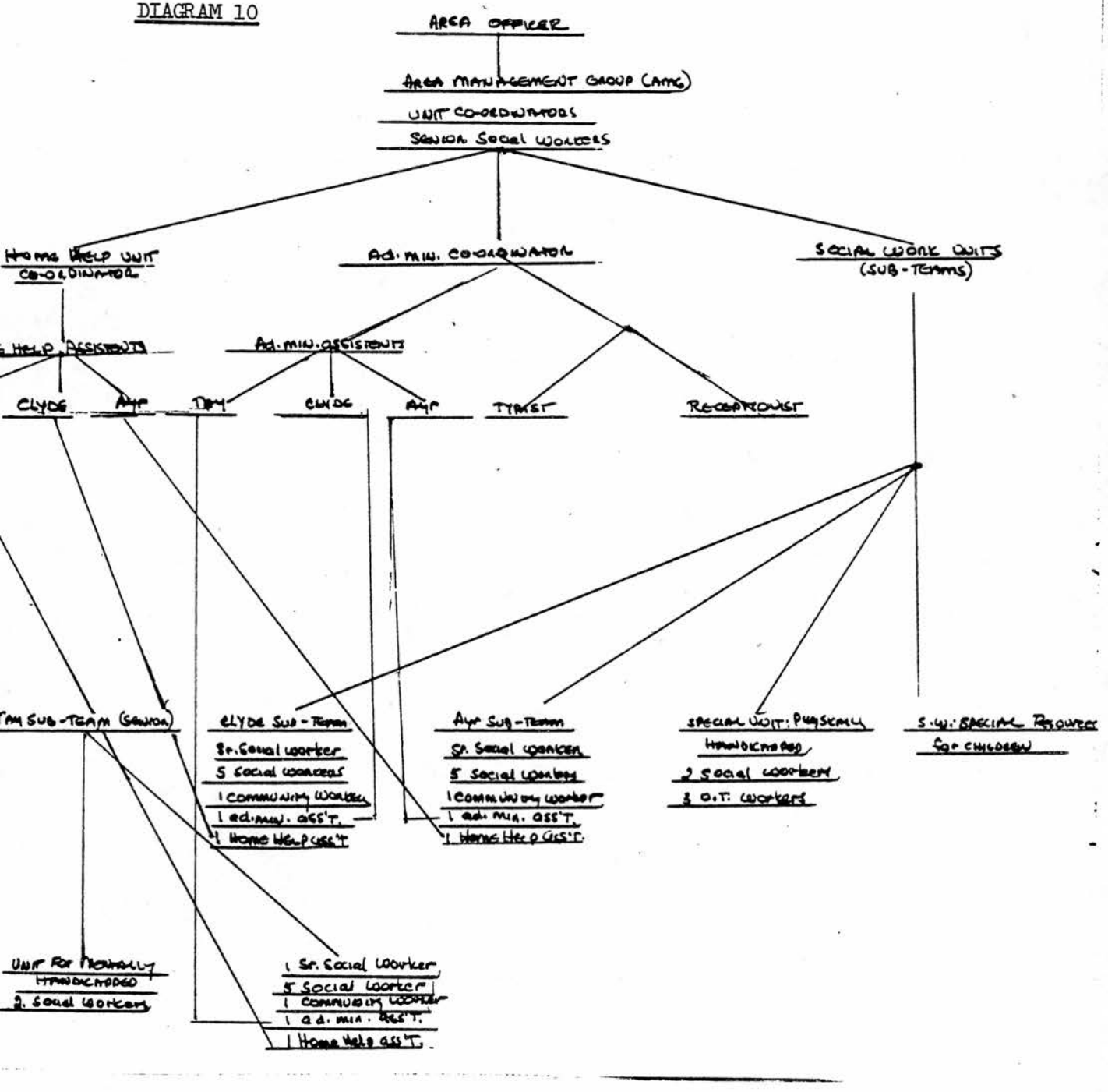
In contrast to the intensity and volume of the office's informal discussions, many of the office's workers consider the staff meetings as unnecessary to the functioning of the area office. The main criticism of these staff meetings expressed by office workers is that they are too large to constitute an effective decision making forum. Although an attempt was made to set up small working groups to decide policy issues discussed in staff meetings, this proved unsatisfactory to office workers because of the long delays between the time a working group was given a task and the time it reported back to the staff meeting. A more fundamental reason for this perception of staff meetings is the relative intensity - as compared with the staff meetings - of informal discussions within the sub-teams of the area team itself. In fact, the sub-team discussions seem to act as the office's main work forum with decisions effectively being made there and communicated to the rest of the staff at the staff meetings.

In comparison to the Metropolitan Office, Suburban Office social and work activities are primarily sub-team oriented. These points are discussed in detail in Chapter 6.

Bureaucratic Structure and Division of Work

Diagram 10 outlines the general bureaucratic structure of the Suburban Area Office.

DIAGRAM 10


AREA OFFICER
AREA MANAGEMENT GROUP (AMG)
UNIT CO-ORDINATORS
SENIOR SOCIAL WORKERS
HOME HELP UNIT CO-ORDINATOR
ADMIN. CO-ORDINATOR
SOCIAL WORK UNITS (SUB-TEAMS)
HELP ASSISTANTS
ADMIN. ASSISTANTS
CLYDE
AYR
TAY
CLYDE
AYR
TYREE
RECEPTIONIST
TAY SUB-TEAM (SENIOR)
CLYDE SUB-TEAM
Sr. Social Worker
5 Social Workers
1 Community Worker
1 admin. ass't.
1 Home Help ass't
AYR SUB-TEAM
Sr. Social Worker
5 Social Workers
1 Community Worker
1 admin. ass't.
1 Home Help ass't.
SPECIAL UNIT: PHYSICALLY HANDICAPPED
2 Social Workers
3 O.T. Workers
S.W. SPECIAL RESOURCE FOR CHILDREN
UNIT FOR MENTALLY HANDICAPPED
2 Social Workers
1 Sr. Social Worker
5 Social Worker
1 Community Worker
1 admin. ass't.
1 Home Help ass't.

Compared to the Metropolitan Office, the Suburban Office's management structure is more decentralised. In addition to vertical communication channels (staff meetings etc.) there are also horizontal communication channels (inter- and intra-sub-team discussion of more than two workers). It is possible to illustrate these differences by comparing referral transfers from the intake team to the patches in the Metropolitan Office and from the duty system to the sub-teams in the Suburban Office.

The two intake systems differ structurally. The Metropolitan Office's intake team is made up of workers who function only as intake workers. The Suburban Office's duty system is made up of sub-team workers who work on a rota basis as duty workers. As a result of these structural differences each office understands and works with referrals in very different ways.

As in the Metropolitan Office, the duty system worker has several case disposal options. These options differ between the two offices in two ways. First, as the office does not use a standing intake team, the duty system worker does not have the option to transfer the case to another duty worker, and second, the sub-teams are required to accept for allocation, cases that the duty worker decides are in need of future social work contact. Although this could easily become a point of stress between the duty system and the sub-teams, in fact cases are transferred smoothly.

This smoothness of case transfers is due to the social workers' perception of duty work as an extension of their sub-team work. In contrast to the Metropolitan Office's development of very different work perspectives for each of the office's sub-units, duty workers in

the suburban team do not significantly differentiate between their work as duty and sub-team workers. This point is illustrated by one sub-team worker who stated:

> "I know the first (duty) meeting is important. But I also know the situation in the patches".

Describing the situation from a different perspective, in support of a proposal to set up a standing intake team, the area officer stressed the need for specialist duty skills as different from sub-team work skills. Evidently, he saw that workers did not differentiate between these two work roles.

> "Staff felt increasing pressures from duty allocation. They felt a general dissatisfaction with the duty system and wanted to develop and improve the way in which we receive and make decisions about the work we are faced with ... The problem is that the sub-teams have to deal with short-term allocation. There are different skills in intake and short-term work. If a worker is a long-term social worker, then it is difficult for him to switch to short-term work. The skills involved in each are very different".

In other words, the Suburban Office is comprised of several organisational sub-units that function interdependently and share the same work perspectives. These points are discussed in detail in Chapter 6.

Summary

The two area offices differ in terms of (i) their management structures; (ii) their division of work and (iii) their social and work activities. In terms of each office's geographical area of

responsibility, the Metropolitan Office is relatively hierarchically structured in a heterogeneous, changing environment. The Suburban Office is less hierarchically structured in a homogeneous, relatively stable environment.

CHAPTER 4

Intake-making of a Client

How does each area office, out of the large number of available ways of understanding and working with clients, construct and work with clients in ways that are characteristic of that area office?

Intake-duty Case Disposal

Diagram 11 analyses numerically the pattern of case disposals in the Metropolitan Area Office intake team and the Suburban Area Office's duty system. As discussed earlier, 'case types' used in Diagram 10 are part of the coding system used by the Metropolitan Office to compile statistical information about referrals to the area office. Information that the interviewing social worker considers important to 'understand' a referral and his 'problem' is abstracted from the totality of a referral's personal history and circumstances and is recorded on intake referral forms. An administration worker is then responsible for the coding of this information according to case 'types' as used in Diagram 10.

DIAGRAM 11

No. of cases	41	4	-	1	25	18	6	-	6	13	1	2	-	1
Column A	Met.	Sub.	Met.	Sub.	Met.	Sub.	Met.	Sub.	Met.	Sub.	Met.	Sub.	Met.	Sub.
1. Referral to intake worker	2				1		3		1		1			
2. Referral to patch/ sub-team worker		2		1		6				3				1
3. Assessment	4				8	2	1			1				
4. Referral to O.T. or home help					12	1			1					
5. Pending	2				2		1			1				
6. Case closed advice given	28	1			2	8			3	7		2		
7. Case closed no intervention	5	1				1	1		1	1				

Column B	NFA, hostel, single	Mentally handicapped	Elderly	Probation, parole	Family	Foster, adoption	NAI

(N.B.
No child care cases were observed)

The Suburban Office uses a more flexible, but similar, categorisation of case types. The procedure is similar until the point of coding the information according to 'case types'. Information is available only in the relatively raw form of uncoded intake referral forms, the intake forms being identical in both offices.

Each referral (or self-referral) comes to the area office with a rich personal history and circumstances, any part of which theoretically can become the focus of the referral's contact with the area office. The abstraction of specific information is a central component in the way the two offices 'understand' a referral and his 'problem' and determine the most 'appropriate' intervention to offer. Comparing the interventions offered the three largest categories of case types in the Metropolitan Office (Single homeless, Hostel, Elderly and Other) a statistically significant difference appears between the interventions offered each case type ($X^2 = 6.59$, df = 2, $p < .05$). Comparing the interventions offered the three largest categories of case types in the Suburban Office (Elderly, Family and Other) no statistically significant difference appears ($X^2 = 1.19$, df = 2, $p < .70$). A further comparison of interventions offered elderly referrals in both area offices shows a very significant difference in the interventions offered ($X^2 = 23.12$, df = 3, $p < .001$). Interpreting this in the light of the postulate implied in Perrow's model that an area office needs to maintain a consistent relationship between the way it understands (defines) its referrals and clients (raw material) and the way it changes referrals (and clients), the significant difference in the interventions offered

elderly referrals suggests that the definitions used to understand similar case types differ significantly between the two offices. Though the composition of referrals (according to case types) varies in the workload of each office, the above finding is supported further by the significant difference in the way each office works with its three largest categories of case types.

The general outline of the following discussion of each office's work with referrals is divided into two parts:

(i) Case disposal processes (the period from the time a referral first comes to the attention of the area office to the time the 'appropriate' intervention is decided) in each area office.

(ii) The comparison of case disposal decisions between the two offices according to case types.

The discussion of case disposal in the Metropolitan Office includes a detailed description of case management techniques which social workers use to separate 'relevant' information from 'non-relevant' information. These case management techniques are referred to, but not detailed, in the later discussion of case disposal in the Suburban Office. The purpose of presenting the material in this way is to illuminate area office work patterns with referrals. It should be noted that except for some general comments about the relative difference in referral rates between the two offices, it is not the purpose of this chapter to discuss the reasons for the significant differences in case disposal between the two area offices. These will be discussed in Chapters 6 and 7.

Metropolitan Area Office Intake Team

Of the 79 referrals observed in the Metropolitan Office, 41 cases (52%) were coded as single homeless/hostel residents, 25 cases (32%) as elderly, 6 cases (8%) as family, 6 cases (8%) as offender and 1 case (1%) as foster care/adoption. (Statutory referrals of mentally handicapped, child, and most offender cases are allocated directly to patch workers and are not referred via the intake team.)

Single Homeless/Hostel Residents

(For the remainder of the thesis, single homeless, hostel residents are referred to as 'NFA' - No Fixed Abode - cases. The term is a shorthand label used in social work area offices to identify someone either living rough, or residing in one of the City's hostels.) NFA referrals were dealt with as follows:

1. 2 cases (5%) offered continued social work contact
2. 2 cases (5%) placed in pending
3. 4 cases (9%) assessed
4. 5 cases (12%) case closed, no intervention
5. 28 cases (68%) case closed, advice given.

The one description that appeared in all 41 NFA referrals observed was either that the referral was living rough, or that he was in one of the City's hostels. A comparison of NFA referrals offered continued social work contact, or the possibility of continued contact (pending), with NFA referrals not offered continued social work contact, illustrates the intake team's use of a stereotype of a NFA person to determine 'the problem' and the most 'appropriate' intervention to offer. That is, the NFA stereotype is the information abstracted from

the totality of each NFA's personal history and circumstances. This stereotype is then used as the basis for the constructed understanding of the NFA referral and the determination of the most appropriate intervention to offer. This is illustrated by the following quote:

> "Some NFA people are settled into that type of life ... I do not like them settling into that type of life ... The type of help we give depends on their potential ... It makes no difference to Tommy or Mary (two NFA referrals) what we try to do. It seems so helpless. If they come in drunk, we can only deal with that problem at that moment".

As long as the information abstracted from the totality of each NFA referral's personal history and circumstances is limited to this stereotypical information (to the exclusion of personal biographical information), the routine intervention that is offered is implied as part of the stereotype.

> "Most problems with NFA are with DHSS. We are their advocates as they are unable to present their own cases ... some NFA do not want social work, only that the social worker be their advocates. It depends on what they want".

Looking at the bare statistics, the significantly large number of NFA referrals offered 'case closed, advice given' by the Metropolitan team could be seen as lending support to the view expressed in the latter part of the above quote. A closer examination of social workers' practice with such cases, however, suggests that other factors are at work. As will be shown later, interventions that were offered to NFA referrals were based on an area office shared

stereotype of NFA referrals and not on "what they want".

Social work interviews with NFA referrals were characterised by the absence of any discussion about personal information. Rather, social workers abstracted only stereotypical information to the exclusion of other information.

> "I'll tell you about the three cases together. All three men were referred to the area office by the _____ Clinic. The Clinic sent the men to us to receive a letter from the office that they were in need so that they could take the letter to WRVS to get some clean clothes. The reason they came to us was to get these letters".

The absence of personal descriptive information about the referrals' history and circumstances allowed the social worker to generalise about the NFA referral; to predict routinely the referrals' needs and to decide routinely the appropriate intervention to offer. It is not surprising that all NFA referrals offered the intervention "case closed, advice given" (68%) involved the offer of instrumental advice (involving no continued social work contact) about either housing, DHSS or hostel accommodation.

Social workers' use of a NFA stereotype to understand NFA referrals allows them to work with a large number of referrals in a routine way. The more uni-dimensional and stereotypical an understanding, the more the referral's problem is understood as routine and the intervention offered is routine. Conversely, the more multi-dimensional and non-stereotypical an understanding, the more the referral's problem is understood as non-routine and the intervention offered is non-routine.

As discussed by Perrow, an organisation's search methods to discover new characteristics of its raw materials are based on an organisational 'need' to discover more about its raw material in order to alter it in new ways. In the Metropolitan Area Office intake team, however, the most important component in the office's understanding of referrals in general and NFA referrals in particular is the management of a referral's descriptive dimensions by abstracting particular information and omitting other information from the totality of each referral's personal history and circumstances. In the case of NFA referrals, social workers abstract only stereotyped information. Personal descriptive information is omitted. As similar constructions of understandings of NFA referrals appear in nearly all intake team work with NFA referrals, this appears to represent a legitimate work pattern shared by intake team workers in particular and office staff in general.

The management of case dimensions with NFA referrals in particular and other case types in general falls into two general patterns. The first pattern limits the amount of personal descriptive information used in the construction of referral (client) understandings. The second pattern expands the amount of descriptive information used in the construction of referral understandings. In the consideration and discussion of NFA and elderly referrals, it is primarily the first pattern of case management which is allowed to operate. In the case of offender referrals, cases are considered primarily along the lines of the second pattern.

Outline of Case Management Techniques

1. Case management techniques that limit the introduction of non-routine information in interviews with, or discussions about, referrals (clients).

   (i) The structural limiting of a referral's descriptive dimensions
   (ii) The rational limiting of a referral's descriptive dimensions
   (iii) The passive limiting of a referral's descriptive dimensions.

2. Case management techniques that expand the introduction of non-routine information in interviews with, or discussions about, referrals (clients).

   (i) The structural expansion of a referral's descriptive dimensions
   (ii) The individualisation of a referral's descriptive dimensions.

Management of Case Dimensions - NFA Referrals

(i) The structural limiting of a referral's descriptive dimensions

Once a social worker and a referral are seated in the interview room, the search for a topic of discussion begins when either the social worker asks the referral how she can be of help to him or the referral tells the social worker about a practical problem he is having at the time. Considering that most people have difficulty in requesting help and/or discussing personal problems, a referral usually answers the worker's question with an account of a practical problem. This introductory interaction is the lowest common denominator of verbal interaction available to both the referral and the social worker. Unless the social worker decides to pursue an issue further, the practical problem becomes the focus of the interview.

The making of a practical problem the focus of an interview is further reinforced by both verbal and non-verbal communication between the two actors. For example, when a social worker leaves the interview room to telephone the DHSS or one of the hostels in connection with a referral's particular practical problem this signifies to the referral that this problem is accepted as the legitimate focus of the interview. At the same time, the worker's absence from the room limits the possibility of discussion of non-practical issues. To quote some examples from the research fieldnotes:

(a) "The social worker asked Joe to sit down. After sitting down Joe handed Susan (social worker) several coloured cards. He told Susan that 'I fell down and broke four ribs. I had a spell'. Joe then said that he needed clothes for the winter. Susan asked him if he had been to WRVS (Woman's Royal Voluntary Service). Joe said that he had been there but that they did not have any clothes for him. He added that 'they offered me a necktie'. Susan said 'you can't keep warm that way'. They both laughed. Susan advised Joe about the DHSS clothing allowance. She added that she will check to see if the area office had any clothes available for him to use. Susan left the room. After a moment she returned and handed Joe some used clothes. Joe thanked Susan and left the interview room and the area office".

(b) "A middle aged man followed Carol (social worker) into the interview room. After sitting down he told Carol that he had a fine to pay and that he had not yet received his DHSS money for the week. Carol asked him if he wanted her to contact DHSS for him and he said he did. Carol left the room to call DHSS. After a few minutes Carol returned and told the man that she had arranged an appointment for him at 2p.m. at DHSS. He thanked Carol and left the office".

To clarify this point further it is useful to consider the alternative search methods that were available to the social worker in each of the above interviews. In each example, the social worker had the search option to expand her understanding of the referral by searching for non-routine information. In the first example, the social worker could have asked search questions as "How do you manage with four broken ribs?" and/or "What is your relationship with your family, are they willing to help you convalesce by taking you in for a while?" In the second example, the social worker could have asked "Are you going to have difficulty buying food when you pay the fine?" and/or "What type of fine did you receive?" If these, or similar questions, had been asked, the social worker would have opened up the interview to non-routine descriptive information about the referral.

However, the search methods that were used in the above examples limited the introduction of personal descriptive information. On the basis of the routine stereotypical information that was introduced, the social workers constructed understandings of these referrals as NFAs. On one level, the stereotypical understanding of the NFA referral permitted the social worker to predict an appropriate intervention without the addition of personal descriptive information. On another level, the use of a NFA stereotype is legitimised in the intake team in that over a long period of time social workers can point to the 'fact' that

> "Most problems with NFA are with DHSS. We are their advocates as they are unable to present their own case ... some NFA do not want social work, only that the social worker be their advocates. It depends on what they want".

(ii) The rational limiting of a referral's descriptive dimensions

The 'rational limiting of non-routine information introduced in interviews' involves a process of providing the referral and oneself (social worker) with explanations as to why the area office can offer only limited or no help at all. This process takes several forms.

A. The interviewing social worker attributes to the referral characteristics which imply that the referral is not able to use area office help. In the instance observed, the social worker determined this when inconsistencies became apparent in what the referral was saying.

> "Pat (social worker) came into the receptionist's office. She told the receptionist that she let Mr Miles call his girlfriend but that she felt his story was self-contradictory. Pat said that 'I am not sure what to do'".

After Mr Miles left the office, Pat returned and told the receptionist that

> "Mr Miles did not want to give me the name of the woman with whom he was staying. He said that he had not eaten since Friday. He said that he was staying at _____ Hostel temporarily but when I called the Hostel they told me that they had never heard of him. I did find out that he received sickness benefit and that the money was waiting for him at _____. It was his decision whether to go to _____ to get his money or go back to his girlfriend... Many of the things he said were contradictory ... He said that he was depressed and that he was thinking of suicide. We left it at that, that it was up to him whether or not to go to _____ or go back to his girlfriend. But she had four children and there was no room for him ... He will have to hitchhike to _____ to get his money. I do not think he was coming clean. I gave him no money".

The social worker interpreted the inconsistencies in Mr Miles' story as a 'proof' that he "was not coming clean". This was possibly the single most important influence in the way the social worker constructed her understanding of Mr Miles. Again, it is useful to consider several of the alternative search options that were available to the social worker. She could have expanded the introduction of non-routine descriptive information about Mr Miles either by exploring with him his feelings of depressions and suicide, or inquring with him about his relationship with his girlfriend, or discussing with him the reasons for the inconsistencies in his story. Though a certain amount of descriptive information was introduced, the social worker interpreted it in the light of inconsistencies in what he said. In this way, the personal descriptive information that was introduced lost any intrinsic meaning value for the way the social worker constructed her understanding of Mr Miles.

B. The social worker concludes that a referral is served best by a service other than the area office. This referral to another community service is a <u>total</u> referral as no expectation is given that the referral should return to the area office.

> "They lived in a caravan in Manchester. They both were in prison. She was released last March and he last May. He was previously married and had worked for a man who allowed him to live in the caravan. However, he had an argument with his boss and he had to leave. The woman was in her fifth month pregnancy. They hitchhiked to Albion. They felt they liked the City and wanted to settle down. He was looking for a job as a cook as he had some training in this profession. DHSS had sent them to the area office, not the Housing Department as they should have done. I decided that the best step was to send them back to DHSS so that they could arrange for them sleeping arrangements at one of the hostels. Their next step should be to go to the Housing Department".

As analysed in previous examples, other search options available (but not used) to the social worker included asking the couple to return to the office after they had visited the Housing Department in order to discuss with her their feelings about their forthcoming parenthood.

A similar dynamic is evident in the following example.

> "Catherine is staying at the _____ Hostel. She is looking for permanent accommodation. She came in for advice about where to go. She lived with her parents until she recently moved into the hostel. She is thirty-two. She told me that there are a lot of tensions at home and that her father had locked her out of the house. She is unable to go back hom.
>
> Her name is on the housing waiting list. She was offered a flat but she did not take up the offer. She doubted she is able to take care of a flat by herself. She said that she is unsure of how to deal with all the bills and responsibilities.
>
> I gave her some advice. I outlined the alternatives that are open to women waiting on the housing waiting list. She could buy a house through a housing association or continue waiting for a council house. We discussed plans that included her staying in a hostel or bed-sit. There is no need for further contact".

The case was officially closed at the next day's intake team allocation meeting.

Alternative search options that were available included discussing with Catherine either her relationship with her parents or her fears about running a flat on her own. The social worker limited the descriptive material discussed in this interview when she did not pursue search options such as outlined above. In addition, the social worker limited the importance of the descriptive information

that was introduced in the interview by interpreting it as intrinsically not important in her construction of an understanding of Catherine. Though Catherine was not referred to another community service, the social worker did predict the appropriate intervention to offer on the basis of a stereotypical understanding of Catherine as a NFA. As a result, the social worker legitimately limited the intervention offered to 'advice given, case closed'.

C. The social worker can decide that time is available to work only with a referral's immediate problem. An implicit assumption underlying this case management technique is that no time is available to work with the referral about problems other than his practical problem. As in the previous examples, the referral is not expected to return to the area office after he is helped with his practical problem.

> "Mike was just discharged from the hospital. He was assaulted, beaten up and had his money stolen. He was left with no money for accommodation. It was 4.30 in the afternoon when I received the call and it was too late to find him accommodation. My priority was to find him a place to sleep. I contacted the _____ Hostel and they were willing to give him their emergency bed for the night. I told him to notify the police as he could be reimbursed. I gave him meal vouchers until the end of the week. I told him about the _____ Clinic. This was the second time he was beaten up. I decided his material well-being came first. It was a hassle not having enough time to work with him".

The case was closed at the next day's allocation meeting.

Alternative search options that were available to the social worker included inviting Mike to return to the area office the next day to discuss with him the reasons he was continually assaulted.

D. The social worker 'plays down' the importance of personal descriptive information that is introduced in the interview. In the following example, the social worker minimised the importance of descriptive information that was introduced in the interview when she interpreted the information in the light of the referral's history of psychiatric illness.

> "Alison had been in before. She has a history of mental illness. She cries a lot. She came into the office as her boyfriend did not show up at their meeting place as planned after he had visited the DHSS office. She waited for him for three hours. He did not show up during that time and she was in an amazing state! She was frightened that he might run away. I contacted the DHSS and they said that he had been looking for her for a long time.
>
> I told DHSS that they have a problem on their hands as Alison and her boyfriend have no money to pay for B & B. They can't get their clothes out of the place they are now staying ... unless they pay. I arranged for a bed in the woman's hostel for Alison".

Alison's social worker interpreted Alison's anxiety as 'proof' of her chronic NFA behaviour. In terms of the intervention that was offered, as long as the social worker did not attribute intrinsic meaning values to Alison's anxiety as symptomatic of 'deeper' emotional problems, she did not have to make Alison's anxiety the focus of the intervention offered. The case was legitimately closed once the boyfriend was located.

(iii) <u>The passive limiting of a referral's descriptive dimensions</u>

In this case management technique the social worker limits the importance of non-routine, descriptive information in two ways: (i) the social worker limits the intrinsic meaning values of information

introduced in the interview; and (ii) the social worker avoids choosing a search option that actively pursues non-routine information about the referral. The following example illustrates these points.

> "Ian said that he had not yet received his DHSS money. He told Carol that he lives in a cave somewhere in the City. He said that he was not feeling well. (He sniffled and coughed throughout the interview.) He said he has the 'flu ... Carol asked him if he wanted her to contact DHSS for him. He said he did. Carol left the room to contact DHSS".

During the time the worker was out of the interview room the researcher and Ian talked about Ian's personal history and background.

> "As a boy I used to live where the _____ Shopping Centre now stands. We had to move out when I was a boy because we did not have money to pay the rent. We lived in a tent by the sea for four years, from the time I was four until the age of seven ... I have brothers and sisters but I have no contact with them as they do not want to see me as I drink".

The conversation between Ian and the researcher ended when the social worker returned. She told Ian that she had arranged an appointment for him at DHSS. Ian thanked Carol and left the office.

In the above example the social worker was passive in two ways. Firstly the social worker did not respond to Ian's statements that he was ill, had the 'flu and lived in a cave. Secondly, as illustrated in the interactions between Ian and the researcher, the social worker did not pursue a search option that would have introduced non-routine, descriptive information about Ian's history and circumstances into the interview. Theoretically, if the personal, non-routine

information that was discussed by Ian and the researcher was introduced into the discussion with the social worker, this would have resulted in a disjunction between the social worker's stereotypical understanding of Ian, the 'new' non-routine information and the routine intervention that was offered. In other words, the active search for non-routine, descriptive information will tend to change the social worker's understanding of a referral to a less routine one. The resultant disjunction between a non-routine understanding and the offer of a routine intervention has to be realigned if the working relationship between the social worker and the referral is to be re-established as consistent and legitimate.

The discussion of case management techniques to this point is presented only in the context of NFA referrals. As such, NFA referrals represent the case type with the largest clustering of routinising case management techniques. This clustering of routinising case management techniques represents an intake team work pattern with NFA referrals. It also illustrates the way intake team workers maintain a consistent relationship between the way they construct stereotyped understandings of, and offer routine interventions to, NFA referrals.

Surprisingly, only one of the thirty-three NFA referrals observed actively objected to the social worker's use of routinising case management techniques in the construction of an understanding of him as NFA. As the one exception, it illustrates the general acquiescence of NFA referrals (and all referrals and clients in general) in the assumption that social workers should be the definers of the interview situation. It also illustrates the organisational necessity for

social workers to realign the way an understanding is constructed and the intervention offered if there is a disjunction between the way the referral is understood and the intervention offered.

Richard's case was first observed when it was discussed at an intake allocation meeting. He was described in the following way.

> "Richard is living in a hostel. He is twenty-four years old. The general assessment is that he moves around a lot. His parents are dead and he is looking for parent substitutes. He uses the agencies for support but not the appropriate support ... The duty worker left it up to him if he wanted to come back. Case closed".

Richard returned to the office later the same day. His case was again discussed at the next day's allocation meeting.

> "Age twenty-four. He is living in the _____ Hostel. He takes overdoses. He was diagnosed as an inadequate psychopath. He has no money but he has a bed. The intake worker gave him food vouchers. She did not give him money so as not to increase his dependency.
> Case closed".

After Richard returned the same day the intake worker referred him to a voluntary service agency. Later in the day the worker received a 'phone call from this agency. The intake worker was told that the voluntary agency was unable to help Richard and that they were sending him back to the area office. The social worker then consulted with the duty senior social worker.

> "He is a dependent person. He has no money and no lodgings. He was once admitted to the Albion Psychiatric Hospital. They are willing to take him back but only as an out-patient. He is complaining that he was not receiving any help ... I do not know what to do".

A second senior social worker was asked to join the discussion.

> "... He is looking for complete dependency on us and we are not willing to give him that. I told the worker at _____ (voluntary agency) that we are busy and do not have time to see him today... It is up to him to decide what to do. It is his choice. We must get him to realise what he is doing - we can't bail him out. We can't cover for people who get social security and blow it ... He wants us to take over. We are not in the business of doing that".

Until this point in Richard's contact with the area office, intake workers understood and worked with him as a stereotypical NFA referral. Many of the case management techniques discussed earlier appear at different times in the intake team's work with Richard. For example, the use of the tautology "inadequate psychopath" minimises the intrinsic meaning value of non-routine information as "his parents are dead". In other words, the use of a clinical diagnosis, or in this case a 'clinical diagnosis,' allows the social worker to interpret Richard's behaviour as chronic NFA behaviour.

However, Richard returned to the area office the following day and requested to see a male social worker. The meeting took two hours. 'Post-disjunction', the meeting represents the realigning of the intake team's understanding of Richard, now based on non-routine descriptive information about his personal history and circumstances, and the offer of a non-routine intervention.

> Social worker: "We (Richard and the social worker) talked through a couple of things. The story he told me was that his brother had once put his foot through the ceiling. When his father came home his brother told his father that he (Richard) had put the hole in the ceiling. The father then beat him up. He kicked Richard and in the process ruptured his stomach. This happened ten years ago ... He complained that the

doctors and the social workers are passing him around. He asked what is the use of seeing a doctor once a month. He then told me that his next appointment is in twenty-three days, six hours and twenty-two minutes. He said that his mind is not empty but that he is thinking all the time. He said sometimes he explodes and sometimes he cries.

I tried to be as constructive as possible. I told him about the _____ Hostel (a therapeutic hostel for young adults). I said that the hostel gives support and guidance to young, single people. He eventually agreed that I make inquiries for him. To do this I need a full work-up on him. He is coming back to the office tomorrow".

Researcher: "Why did you give him so much interview time?"

Social worker: "Richard feels that he is being passed around. I do not want to pass him on any further. I thought - what was I able to do? He will have no excuses if someone works with him. He is also a challenge. He is resisting everything I offer and I have to get him into a position of not refusing".

Researcher: "Is there a similarity between Richard and other NFA?"

Social worker: "NFA cases are not real social work. Richard is an inadequate person. This defines the boundaries of the problem. What Richard is saying is that he wants a new head and we are just not able to give him that".

Researcher: "Is it possible to compare Richard to Joe?" (a NFA referral discussed earlier).

Social worker: "Joe had a practical problem. It was clear if we had, or did not have, what he wanted. If we have what he wants, we give it to him. It was clear if we were able to provide it. The request was a tangible request. He knew we were not in the business of giving out clothes but he knew we would give him clothes if we had any. With Richard the problem is diffuse and vague. I therefore had to set up boundaries as we do not know if we can help him ... I am responding to the enormity of his personal problems. I therefore allocated the time necessary. Joe, it was a black and white case. Richard's problems are grey ... one of the crucial points is that Richard cuts off help".

As if to summarise the overall change from an understanding of Richard as a stereotypical referral to an understanding of him based on non-routine information about his personal history and circumstances the social worker stated that "Richard cuts off help". This allowed the social worker legitimately to focus attention on and help him with his internal, emotional difficulties. The concluding statement varies considerably with the routine search options used in intake team work with other NFA referrals that would have interpreted the same behaviour as indicative of someone not wanting, or not able, to use social work help.

The preceding discussion is divided into two parts: (i) the discussion of case management techniques that appear in clusters with NFA referrals in particular and other case types in general; and (ii) intake team work with NFA as a particular case type. In order to complete the discussion of the second component it is necessary to present the analysis of referrals that were offered continued social work contact.

With the exception of Richard, the offer of continued social work contact to NFA referrals was not dependent on an understanding of the referral based on non-routine information. Rather, the offer of continued social work contact was based on a referral's deviation from the stereotype. The stereotype remained the basic unit for understanding and measuring the needs of all NFA referrals.

In the following example, the referral deviated from the NFA stereotype because of his acute illness. He was offered continued social work contact because his illness put him at risk if he continued to live in one of the City's hostels. His living in a hostel was not

considered reason enough for the offer of continued social work contact.

> "Thomas is a T.B. case. He has an appointment with Dr _____. He wants clean clothes to wear to the hospital. He is a pathetic man. I advised him to come back to the office if he is not admitted to the hospital".

In a second example of a NFA referral offered continued social work contact, the referral deviated from the stereotype because he was seen as lacking the social skills necessary to live in a city hostel. As in the previous example, he was not offered continued social work contact because he was living in a hostel.

> "Allen complained of ill health, but he is not registered at any GP surgery. He is not happy at the _____ Hostel. He wants to go to _____ Hospital. (A Hospital for the mentally handicapped.) I called the hospital. They said that they had no beds available. Previously he had been admitted several times to give him temporary accommodation ... He is a pathetic, mentally handicapped man. But this is secondary to his inability to budget ... I plan to talk with Jenny (new resource worker for the mentally handicapped) to see if there are any other possibilities to help him".

In the last example below of NFA referrals offered continued social work contact, Mary was offered this contact because of her pregnancy. As in the previous examples, she was not offered social work contact because she lived in a city hostel.

> "Mary was offered continued social work contact as she is pregnant and the baby has to be considered ... The baby is at risk and the only way to tell this is to be in contact with Mary to see if she is able to take care of the baby... The baby makes all the difference".

As the social worker's assessment of Mary's ability to cope with her pregnancy was dependent on a series of interviews in which descriptive information about Mary's personal history and circumstances was introduced, the worker had the option to construct a non-stereotypical understanding of Mary based on this descriptive information. In the following quote from a discussion with Mary's worker, the social worker interpreted Mary's traumatic childhood in terms of a stereotype of NFA referrals. In other words, non-stereotypical descriptive information about Mary's traumatic childhood was interpreted as 'proof' of her chronic NFA behaviour.

> "The area office has known Mary for several years. She has three brothers and a sister. All of them had been in care. Mary was in care from the age of three to the age of sixteen. She tried to go home when she was fifteen but this did not work out ... Mary lived in a variety of places. She was in a Borstal, prison ... She is brain damaged and there are not great expectations for her".

The use of a stereotype permitted Mary's social worker to organise and understand the non-routine information about Mary's traumatic childhood as 'proof' of her chronic, unchangeable NFA behaviour. This allowed her legitimately to limit her intervention to one of assessment. An alternative search option was to interpret the same behaviour as 'proof' of her traumatic upbringing as it affects her current behaviour.

Summary of NFA Referral Case Disposal

As outlined earlier, the discussion of NFA referral case disposal

focuses on two issues in relation to the construction of understandings of such referrals. First were the case management techniques that limit the introduction of non-routine information in interviews with, or discussions about, referrals, and second was the case disposal of NFA referrals.

In comparison to other case types, NFA referrals are the case type with the most consistent clustering of routinising case management techniques to the exclusion of other case management techniques. As such, intake team workers understand and work with NFA referrals on the basis of a stereotype. In other words, from the totality of each NFA referral's personal history and cirumstances intake workers abstract stereotypical information. This information is used as 'proof' of the referral's chronic, unchanging (and therefore not amenable to social work help) behaviour. Workers are then able legitimately to limit their interventions to offers of instrumental help.

Elderly

Of the 25 elderly cases observed, the types of intervention offered were as follows:

1. 1 case (4%) offered continued social work contact
2. 2 cases (8%) placed in pending
3. 2 cases (8%) case closed, advice given
4. 8 cases (32%) assessed
5. 12 cases (48%) referred to O.T. or home help units.

Elderly referrals account for 32% of all referrals observed. On one level of numerical analysis, the interventions offered elderly

referrals differ significantly from the interventions offered NFA referrals. The principal interventions offered elderly referrals were: (i) the referral to either the O.T. or home help units (48%) and (ii) 'assessment' (32%). The principal interventions offered NFA referrals were: (i) 'case closed, advice given' (68%) and (ii) 'case closed, no intervention'. Together, the above interventions represent 80% of the interventions offered elderly and 80% of those offered NFA referrals.

However, on a second level of analysis considerable similarities appear in the interventions offered NFA and elderly cases. Using the definition of a client as someone offered continued social work contact after the initial interview, of the four principal interventions offered NFA and elderly referrals only the 'assessment' of elderly referrals involves a form of continued social work contact. Though the assessment of elderly referrals is considered a social work task, the assessments are concerned primarily with the elderly referrals' physical abilities to function in their daily lives. As such, non-routine, descriptive information is not viewed by intake workers as intrinsically important in the way they understand elderly referrals. If social work contact is offered after the completion of an assessment, it is based on the worker's assessment that the elderly referral is at risk, or possible risk, to body or life. As in the case of intake work with NFA referrals, non-routine descriptive information is interpreted in the light of the worker's assessment remit. With one exception in the cases observed, elderly referrals were never offered continued social work contact for help with their emotional or other psycho-social problems. Rather, intake team

workers view elderly people as incapable of change.

When they are compared on a spectrum from the offer of instrumental interventions (interventions 3, 4, 6 and 7) to the offer of non-instrumental help (interventions 1, 2 and 5) one sees that there is little difference in the interventions offered to elderly and NFA referrals. As the assessment of elderly referrals is concerned primarily with their instrumental functioning, the offer of instrumental help intervention is numerically similar with both case types. As with NFA referrals, underlying the intake team's work pattern with elderly referrals is a stereotype of elderly cases as people at risk to their physical well-being only. This stereotype is legitimised as elderly referrals are viewed as not able to change.

Routinising case management interview techniques, presented in the context of NFA case disposal, are also found in intake interviews with elderly referrals.

> "Chris (social worker) greeted Mr Apple and led him to one of the interview rooms. After entering the room Mr Apple said 'I came to find out about housing in case I have to move out of my own flat some time. I just lost my wife three months ago and we were married for fifty-two years'. Chris told Mr Apple about the available housing and discussed with him what she thought would be the most appropriate housing for him.
>
> Three times during the interview Mr Apple mentioned that 'I am depressed since my wife died - she used to take care of me'. Chris asked Mr Apple if he had any family. Mr Apple said that he had a son and a daughter. His daughter came for visits once a week. Chris then told Mr Apple that the sheltered housing list was very long. Mr Apple said that he was checking to see what is available if he ever needed it. Chris said that if he ever wanted to talk about it he should return to the area office".

In the above interview, the social worker was passively controlling the interview by not responding to Mr Apple's statements that he was depressed. An example of a routinising case management technique, the social worker did not pursue the search option of exploring with Mr Apple his feelings of depression related to his wife's death. The worker was then able legitimately to limit the intervention offered to 'case closed, advice given'. The social worker constructed an understanding of Mr Apple based on the stereotype of elderly referrals as people at risk, or possible risk, to body or life.

In this case, the worker constructed an understanding of Mr Apple with a relatively straightforward use of routinising case management techniques. This was possible as Mr Apple accepted Chris as the definer of the interview situation. In the context of this study it is only possible to point to the inordinate amount of discretion social workers have to determine how the interview situation is defined. However, underlying the way the social worker controlled the interview situation was Mr Apple's acceptance of the social worker as the definer of the situation. This was possible as Mr Apple and Chris shared a common language that allowed Mr Apple to recognise the end result of the interview process (i.e. understanding construction and intervention offered) as in some way reflecting his own reality.

In the following series of interviews, because the social worker and the elderly referral did not share a common language, the worker had relatively less discretion to define the interview situation or determine the most appropriate intervention. In this case the

social worker and the elderly referral did not share the same conceptual definitions as to what constitutes reality and what constitutes fantasy. As long as intrinsic meaning was attributed to the elderly man's explanation as to what constitutes his reality, the constructed understanding of him was based on non-routine, non-stereotypical, descriptive information.

> "Mr Brown told Carol (social worker) that he had been to the BBC and complained of their broadcasts that were interfering with his daily life. He said that the BBC had sent him to the Housing Department. He told Carol that he has been hearing voices from the broadcasting for the last several months. He lived in his present flat for one year. He started hearing these voices after he had moved. He said that he did not hear voices in his previous flat. He said that at first he thought his upstairs neighbours were the cause of the voices but now 'the voices follow me everywhere - even into this (interview) room'. Carol told Mr Brown that only he was hearing the voices - she did not hear them. Mr Brown told Carol that the voices were 'trick broadcasts'. He added that he did not wear his hearing aid but that he heard the voices whether he wore the aid or not.
>
> Carol asked Mr Brown if he had been to a doctor recently. He told her that he had not been to a doctor for over twenty years, and he was eighty-four now ... Mr Brown said that he did not want to see a doctor about his problem. Carol said that she knew people like him who have been helped by doctors. Carol asked Mr Brown if he was willing to see a doctor. He said that he was willing".

Till this point in the interview there was no disjunction between the way the worker understood Mr Brown and the offer of the intervention to take him to see a doctor. The social worker understood Mr Brown on the basis of a stereotype of elderly referrals as people at risk, or possible risk, to body or life. At first

Carol did not interpret the voices as having any intrinsic meaning values in the way she understood Mr Brown. This permitted her to construct an understanding of him as an elderly man who heard voices, the result of which directly affected his daily instrumental functioning. On this basis of this understanding the worker offered him an instrumental intervention. She was thus able to maintain a consistent relationship between the way she understood and the interventions she offered Mr Brown.

When, however, she interpreted Mr Brown's voices as having intrinsic values in the way she understood him, a disjunction resulted between the previous constructed understanding, the 'new' information and the routine intervention offered. At a later interview:

> "Carol and Mr Brown discussed what he did during the day. He told Carol that he had no friends or family. Carol turned to me (researcher) and said 'he is in good physical and mental shape except for the voices ... He is able to recall what he last did or when he had an appointment with the police to complain about his neighbours ...'
>
> Mr Brown turned to Carol and told her that 'I do not want to go home because of the voices ... I get electric shocks from them ... and the voices keep telling me that they are going to give me more electric shocks'. Mr Brown added that the voices kept repeating to him what she was telling him. He told Carol that each of the voices has a name: 'Mr _____, Mrs _____ and Mr _____'. He asked Carol if she also heard the voices? 'Are they real to you?' Carol told him that the voices must be real to him but that she did not hear the voices. He told Carol that he was feeling better and that he would be able to get along until he saw a doctor".

Summing up the interview, the worker stated:

> "Except for his voices he seems normal. However, he seems a bit worn out. There is not much I can do for him until he sees a doctor. The doctor will assess the situation - to see if we should investigate further ... He even has names for the voices! I stuck to my guns that he has to see a doctor and that I was not hearing the voices. I tried to separate for him the voices from outside reality".

In the interview the social worker attempted to separate Mr Brown's voices from the rest of his life experiences. However, in order to understand the relationship between these two components of Mr Brown's work, the worker pursued a search option based on his voices having intrinsic meaning values in her construction of an understanding of him. As a result, the intervention she offered him was a non-routine attempt to separate the reality of his voices from the rest of his reality. In order to do this, she tried to understand the internal workings of his two realities in more 'non-routine' detail.

> "... Mr Brown said that even without the hearing aid he still heard the voices. He said that they were coming from the upstairs flat ... 'Some of the voices are being broadcast to me right now'. Mr Brown asked Carol if she thought the voices were real. Mr Brown seemed very agitated. With sympathy, Carol said that 'the voices must seem very real to you'. Carol told him that she had tried to visit his flat but whenever she went he was not at home. Mr Brown said that he found it difficult at home - the voices were always talking to him and not allowing him to sleep. Carol asked Mr Brown if he slept the previous night. He said that his sleep is always interrupted by the voices and he does not sleep well. He told Carol that he always receives electric shocks.
>
> Mr Brown took out pieces of paper and told Carol that he wrote down everything the voices are telling him. Carol read the pieces of paper but could not make sense of the things he wrote. He told Carol that the voices were telling him that he is going to get depressed. Carol

> asked him if he is depressed and 'are the voices succeeding?' Mr Brown told Carol that he is not depressed".

What characterises the above interview is the social worker's attempt to include non-routine information in her constructed understanding of Mr Brown. For example, Carol found it extraordinary that Mr Brown had names for each of his voices. Also, she was concerned with how these voices affected his emotional well-being, (e.g. 'Are these voices succeeding?') as well as his physical well-being ('Are you sleeping at night?'). As a result the worker intervened in a non-routine way to help him with the stresses that affected his emotional and physical well-being. Though she was concerned with his physical well-being she tried also to structure for Mr Brown a reality testing tool. She did this by giving cognitive credence to the internal world of his voices as it affected him but also separated for him the reality of these voices from the rest of his reality by telling him "The voices are real for you, but I do not hear them". A significant characteristic of the case is the inordinate amount of time (in comparison to other elderly cases) that was spent discussing Mr Brown's voices (as having intrinsic meaning values) as it affected his current emotional and physical well-being.

For several complex reasons the worker was not able to construct a non-routine understanding of Mr Brown that was operationalisable through the offer of available interventions. As discussed in Chapter 1, an organisation 'must' change (alter) its raw material

(referrals, clients) in some way. In the case of Mr Brown the worker constructed an understanding of him that was not operationalisable within the context of the intake team.

In order for the social worker to help (change) Mr Brown within the context of the intake team, the non-routine information about him had to be further processed and routinised. This the social worker did by requesting outside 'expert' professional help in diagnosing (creating a new definition of) Mr Brown's situation. In response to a call to the Albion Psychiatric Hospital geriatric ward, the hospital sent a psychiatric nurse to see Mr Brown.

> "The psychiatric nurse asked to see Mr Brown alone. After five minutes she joined Carol in the small room behind the receptionist's office. She told Carol that Mr Brown was suffering from senility. Sensing Carol's anxiety, she added 'I've known many cases like this. We should hospitalise him and after some drug treatment we can dampen the voices enough so that they do not bother him ... This happens to elderly people, when due to old age, the blood supply is cut off from the brain".

The psychiatric nurse routinised the non-routine, descriptive information about Mr Brown's world of voices by explaining that his voices were caused by senility. As a result, the intrinsic meaning values the social worker previously gave to her interpretation of the private world of Mr Brown's voices was devalued by the nurse's explanation that the voices were caused by "the blood supply cut off from the brain". As a routinisation of descriptive information that was previously used by Carol to construct a non-routine understanding of Mr Brown, the psychiatric nurse's 'new' diagnosis constructed a 'new' understanding of him that was consistent with the stereotype of

of elderly referrals as people at risk, or possible risk, to body or life. Implicit in the 'new' understanding of Mr Brown was the assumption that he could not be helped through a discussion of how the content of what the voices were telling him affected his emotional well-being. The conclusion was that he could be helped only through 'drug therapy'.

The case of Mr Brown raises several complex issues in the analysis of case disposal in the Metropolitan Area Office. For example, as routinising case management techniques cluster in intake work with elderly referrals, the case of Mr Brown represents an exception to this work pattern. There remains the question as to why Mr Brown became an exception.

The question is partially answered by a comparison of two cases, those of Mr Apple and Mr Brown. The worker's understanding of Mr Apple was communicated to and shared with Mr Apple through a shared set of linguistic symbols. Though the social worker abstracted from the totality of Mr Apple's personal history and circumstances a stereotypical understanding of him as an elderly referral, the constructed understanding was communicated to and recognised by Mr Apple as in some way reflecting his own reality. On the other hand, the worker was unable to communicate to Mr Brown through a shared set of linguistic symbols; nor was Mr Brown able to communicate his private world of voices to the social worker. For example, the worker was unable to understand what Mr Brown wrote on the notes of paper he handed to her. For Mr Brown these notes represented accurate accounts of what the voices were telling him. In other words, Mr Brown and the social worker did not share a common understanding of what

constituted "reality". Though a search option was available to the worker to routinise the non-routine information about the world of Mr Brown's voices by concluding that he was 'crazy', the decision to give intrinsic meaning values to this world of voices was based on the absence of a shared set of linguistic symbols needed to communicate to each other the content of each other's reality. The search option the worker chose was an attempt to understand the internal workings of Mr Brown's world of voices in order to construct an understanding of how his private world of voices affected his current emotional and physical well-being. As all social work with clients is based on the communication of ideas through a shared set of linguistic symbols, the social worker was unable to help (change) Mr Brown unless she called an outside 'expert' or found a way to communicate with him about his private world of voices.

This illustrates an additional characteristic of case management techniques. The use of these techniques in interviews is dependent on the existence of a shared set of linguistic symbols between the worker and the client. This may be demonstrated by imagining what would have been the result in all the previous case examples discussed to this point in the research if referrals had not shared a set of linguistic symbols with their social workers. If this had occurred, the working of the area office would have come to a halt as referrals did not respond to all the verbal and non-verbal messages communicated to them during the course of interviews.

Another complex issue arising from the exceptional case of Mr Brown is why the social worker found it necessary to rely on outside professional 'expertise' to routinise information that she previously

used to construct a non-routine understanding of Mr Brown. In other words, why is it that the intake team is able to legitimise one form of stereotyping, but 'needs' outside 'expertise' to legitimise another form of stereotyping by clinical labelling. Though a partial explanation is discussed in the context of a later discussion of the ways area office workers legitimise and sustain constructed understandings, in order to answer this question more fully it would be necessary to study the interface between social work and psychiatry in terms of the relative autonomy each profession has to define particular situations. This question, however, is outwith the area of direct concern of this research and therefore it has to remain unanswered.

Though case management techniques discussed to this point are concerned with techniques used in interviews between social workers and referrals, only 4 cases (18%) of elderly referrals were self-referrals. (Several NFA referrals were also elderly people. However, as these cases were understood, coded and worked with as NFA referrals, they are considered for the purpose of this study as NFA referrals.)

Third party elderly referrals differ from self-referred elderly referrals in that information about third party elderly referrals is processed before it is received by the intake team. That is, the referring agent abstracts from the totality of each elderly person's personal history and circumstances an understanding of the elderly person and his need which is then communicated to the intake team. Unless conflicting information is included as part of the third party's description of the elderly referral, the referral is routinely

processed through the daily allocation meetings.

> "Elizabeth Davis, an elderly lady. She was referred by her GP to O.T."
>
> "Mr Donaldson, an elderly man. Referred by his GP to O.T."
>
> "Mr Reese, an elderly man. He was referred by his GP to O.T."

As illustrated in the above examples, if information about an elderly referral communicated via a third party is routine and concerned with the risk, or possible risk, to the person's physical well-being (based on the stereotype of elderly referrals), the cases are allocated routinely to the office's occupational therapists.

Direct social worker/elderly referral contacts take place when either of two elements are contained in the third party's referral. On the one hand, if the elderly referral requires a statutory social work assessment, then the social worker makes an assessment visit; but on the other hand, if non-routine information is included in the referral, the intake team has the choice either (a) to initiate a search option to evaluate the non-routine information by visiting the elderly person or (b) to routinise the non-routine information within the intake allocation meeting.

The first point is illustrated by the following example. An elderly woman was referred to the intake team by her sister. The woman requested sheltered housing for her elderly sister. Her referral was discussed at an allocation meeting.

> "Miss Leckie was referred to the office by her sister. She complained that her elderly sister had 'petit mal' and that she needed someone to watch after her".

The referral was allocated to an intake worker for an assessment visit. The interview that followed is characterised by the social worker's use of many of the routinising case management techniques discussed earlier.

> "Miss Leckie's sister opened the door. After greeting us (the social worker and the researcher) she led us to the back of the flat to a room used as both a kitchen and bedroom. The room was clean and tidy. Chris (social worker) introduced herself to Miss Leckie and her sister. Chris asked Miss Leckie how she was getting on. Miss Leckie's sister answered for Miss Leckie by stating that 'my sister is fine. It is just those periods when she can injure herself - like when she burns herself'. Miss Leckie's sister then raised Miss Leckie's arm and showed Chris a burn mark where Miss Leckie had last burned herself. Miss Leckie told Chris that she has 'turns' and does not remember that she had lit the stove. Chris asked Miss Leckie how she gets along with other things. Proudly she said that she got along fine and that she goes out to do her own shopping. Miss Leckie's sister added that Miss Leckie did have trouble even on the outside - 'she would have a turn, people would bump into her and she would fall'. She added that this has happened several times already.
>
> Chris said that there is a long waiting list for sheltered housing - several years long. Chris added that they should apply to the Church of Scotland for their sheltered housing. Miss Leckie said that she is Catholic. Chris and Miss Leckie talked about the local parish. When Chris asked Miss Leckie if the priest visited her, she answered that the 'priests are too busy to come and see me. They are very busy'.
>
> Chris told Miss Leckie and her sister that on purpose she did not bring any forms with her on the first visit. Miss Leckie's sister said that all sorts of things could happen if her sister did not move to sheltered housing. As Miss Leckie's sister related

> all the things that could happen, Miss Leckie kept nodding in agreement. When she finished, Miss Leckie added 'I did not marry because of the petit mal'.
>
> Chris said that she would return the next week with the appropriate forms to be filled out. Miss Leckie offered us a cup of tea. Miss Leckie prepared and served the tea with no apparent difficulty. We left after the tea".

As illustrated in the above interview, routinising case management techniques used in assessment visits of elderly referrals are similar to the case management techniques used in the direct interviewing of self-referred elderly and NFA referrals. For example, in the above interview Chris was passively limiting the introduction of non-routine information by not pursuing a search option to investigate the tensions between the two sisters. This is an important search option if, in the light of Miss Leckie's apparent pride in her independence, she was responding to her sister's pressures. However, underlying the way the social worker understood and worked with Miss Leckie is the stereotype of elderly people at risk, or possible risk, to body or life. As elderly people are perceived as unable to change, the worker was able to limit legitimately the intervention offered to one of assessment.

The worker did show some concern for the situation as evidenced by her telling Miss Leckie and her sister that she never brought forms with her on first visits. However, as discussed above, the worker viewed her work as one of assessment of Miss Leckie's ability to cope physically in her daily life. The social worker neither helped in terms of the apparent tensions between the two sisters nor offered

help in regard to Miss Leckie's feelings of unworthiness (as was evidenced in her statements that she did not marry because of her 'petit mal' and that her local priests were too busy to visit her).

In one way the stereotype provides intake workers with a generalised understanding of elderly referrals that is consistent with the routine interventions available. As routinising case management techniques cluster in intake work with elderly referrals, there is a strong correlation between workers' use of routinising techniques and the presence in the intake team of a shared work pattern with elderly referrals.

The second element that determines the possibility of further continued social work contact with a third party elderly referral is the inclusion of non-routine information about the referral. However, in the cases observed, continued social work contact did not necessarily involve direct contact between the referral and the social worker. In the cases observed, the non-routine information about the elderly referral was routinised in the intake team allocation meeting and continued social work contact was offered to significant others in the life of the elderly referral. In most cases this was with the elderly referral's GP.

The routinisation of non-routine information that was included in the initial third party referral is based on an intake team process of publicly projecting a diagnosis of an elderly referral. Underlying this diagnosis is the interpretation of the non-routine information in the light of the intake team's stereotype of elderly referrals.

> "Sarah Green's daughter was concerned with her mother. She said her mother was nervous, confused and wandered out of the house. Her aunt receives help from the home help unit. Sarah spends most of her two time with her sister. The case is not new. The area office community liaison worker had visited Sarah. Her assessment was that Mrs Green is in good physical condition - her eyes etc. were O.K. The other problem is her nerves. Probably she is becoming too much for her sister to cope with. The daughter probably wants her mother in a home. Mrs Green is waiting for a letter from the hospital. We should contact the GP to find out what is the reason she is going into the hospital".

Information about Mrs Green was received from two sources: (i) Mrs Green's daughter, who made the initial referral, and (ii) the office's community liaison worker. On the basis of this information, intake workers projected a diagnosis.

> "... The problem is her nerves. Probably she is becoming too much for her sister to cope with. The daughter probably wants her mother in a home".

The projected diagnosis organised the non-routine information that it first received through a third party in a way that permitted the intake team publicly to predict the needs of Mrs Green and her family. Notably, the projected diagnosis was operationalised when a decision was reached to contact her GP. No suggestion was made that a home visit should be made to verify the projected diagnosis. The information that was important was Mrs Green's future physical condition, probably in terms of the intake team's work task to assess Mrs Green's physical functioning in regard to a future placement in an old peoples' home. Non-routine information about possible tensions

between Mrs Green and her daughter was interpreted in the light of the task of assessing Mrs Green.

Underlying the use of a projected diagnosis is a stereotype of elderly referrals that allows social workers legitimately to abstract routine, stereotypical information from the totality of each referral's personal history and circumstance. Once this abstraction is publicly legitimised through its use in an allocation meeting, the stereotypical information that is abstracted from one elderly referral's history and circumstances is applied to the understandings of other elderly referrals.

Summary of Elderly Referral Case Disposal

As with NFA referrals, intake team work with elderly referrals is characterised by a consistent tendency to use a combination of routinising case management techniques in handling individual old people. This consistent clustering represents a shared and publicly legitimised work pattern with elderly referrals. Though exceptions do occur, the 'pressure' on intake team workers to operationalise constructed understandings of elderly referrals in particular and all referrals and clients in general puts workers under pressure to routinise non-routine information about elderly referrals. An explanation for this is the relative absence of non-routine interventions available to social workers in their work with elderly people. Taking an extreme example, counselling or therapy with elderly referrals is not considered a legitimate use of social work time. Rather, elderly referrals are seen as not able to change and therefore not able to make appropriate use of these interventions.

In other words, the result of a non-routine understanding of an elderly referral is a lack of congruence between the non-routine understanding and the instrumental interventions available to intake workers in their work with elderly people. In order to help (change) the elderly referral the non-routine understanding must be realigned with the available interventions. For several reasons, discussed earlier, in most cases in which this incongruity occurs, it is the understanding of the referral that is changed, not the intervention offered. The referral remains the same, but the intake team's understanding of him changes. This is illustrated by the example of Mr Brown. Because instrumental interventions only are available to intake workers in their work with elderly people, Mr Brown's worker was unable to operationalise her non-routine understanding of him. In order to help him, she first had to routinise the information she had about him (psychiatric diagnosis) in order to realign her understanding of him with the available interventions. She did not attempt to offer Mr Brown non-instrumental assistance on any sustained level. The worker's behaviour is understandable in the light of intake team pressures to routinise work with elderly referrals - not to create new work. With reference to Perrow's assumption that the way an organisation understands its raw material determines its technology, there is therefore strong evidence that the opposite occurs - an organisation's technology determines how it understands its raw material.

Offenders

Most offender referrals to the area office were either court

requests for 'Social Enquiry Reports' (SER) to be written by office social workers before court sentencing of offenders or for formal probation or parole supervision by an area office worker. SERs are divided amongst all area office social workers. However, all requests for these reports are allocated directly to the patches and not via the intake team.

Although coded by intake team workers as probation or parole referrals, five of the six cases observed were not offender referrals if a narrow definition of the case type is used. All five cases were self-referred, voluntary referrals. They were, however, coded as offender referrals because they were all on formal probation or parole supervision - albeit to social workers elsewhere in the country. Using a wider definition of offender cases - as people who are on supervision to either social workers in the area office or elsewhere in the country - the coding of such cases as offender referrals is used consistently by office social workers.

Of the six offender referrals observed, the interventions offered were:

1. 1 case (17%) case closed, no intervention
2. 1 case (17%) placed in pending
3. 1 case (17%) assessment
4. 3 cases (50%) offered continued social work contact.

Self-referred offender cases represent 8% of all cases observed and as such formed a relatively small part of the intake team's overall workload. (Although the offender sample is small, and there is the possibility that it is not representative of other offender referrals, they were the only cases observed during the period of

fieldwork. For this reason, the sample is considered representative of offender referrals. This point is discussed in detail in the following analysis of family referrals in the Metropolitan Office.)

Using the definition of a client as a referral offered continued social work contact, compared to the interventions offered NFA and elderly referrals, the interventions offered offender referrals represent a significant change. Whereas 50% (3 cases) of all these referrals were offered continued social work contact, only 5% of all NFA and 3% of all elderly referrals were offered the same. This difference is accounted for in part by the divergent ways the Social Work (Scotland) Act defines the area office's responsibility for each case type. The Act refers to offender cases as a specific population group in need of social work assistance (Section 27). In comparison, the Act refers to elderly and NFA cases as general population groups in need of social work assistance (Section 12 and Part IV). However, this is at best a partial explanation. As intake team work with offender cases does not necessarily involve a statutory responsibility, the same search options and interventions offered such cases are also theoretically available to NFA and elderly referrals. However, the fact that 50% of the offender self-referrals were offered continued social work contact highlights the difference in the way understandings of referrals of each case type are constructed. As shown in the following discussion, whereas routinising case management techniques cluster in intake work with NFA and elderly referrals, non-routinising case management techniques cluster in intake work with offender referrals.

In order to compare the different case management used in the

construction of understandings of all three case types, the following discussion parallels the structure of the previous discussion of the routinising case management techniques which were used in conjunction with NFA and elderly referrals.

Management of Case Dimension - Offender Referrals

(i) The structural expansion of a referral's descriptive dimensions

As outlined in an earlier discussion, unless a social worker initiates a search option that opens the interview to non-routine information about the referral, the worker limits the interview to the lowest interactional denominator, namely, a practical problem requiring an instrumental intervention. The following example should be viewed with social workers' interviews with NFA and elderly referrals in mind. Key statements that signify the use of a search option that opens the interview to non-routine information about the referral are underlined.

> "Pat (social worker) invited a young man to accompany her to one of the interview rooms. Pat began the discussion by asking Malcolm how she can be of help to him. Malcolm said that he would like help 'getting my clothes out of my digs in London'. He added that he was on probation and 'I have a court case in a couple of weeks'. Pat asked Malcolm if he minded if she asked him what were the offences. He told Pat that he did not mind if she asked him but he would not tell her what was the basic offence. He told Pat that his last offence was breaking probation. Malcolm told Pat that she should contact his probation officer and he would help her get his (Malcolm's) clothes from his digs in London. Pat said that she would contact his probation officer but that Malcolm should talk with him himself. She said that she would bring the 'phone to the interview room.

> Till this point in the interview, Malcolm slouched in his chair, his eyes darting all around the room and focused on nothing in particular. He spoke in spurts of start and stop. Pat asked Malcolm if he was stoned. Malcolm sat up and said clearly 'I am not stoned'. He looked at Pat as if he was impressed that she would ask him a question like this. His speech became clearer for the rest of the interview. He told Pat that he had been travelling around of late and he listed for Pat the names of twenty cities he said that he had visited recently. Pat asked him if he wanted to stay in Albion? He answered that he had to go back to London for the court case".

In several ways the worker allowed the structure of the interview to develop in a way which permitted the introduction of non-routine information into the interview. First, she did not limit her search option to helping Malcolm get his clothes from his "digs in London". Second, she initiated search options to learn more about Malcolm's personal history and circumstances. For example, she asked Malcolm if he "was stoned?" The posing of this question verbally communicated to Malcolm the social worker's interest in personal descriptive information about himself.

At one point in the interview Pat left the room to call Malcolm's probation worker in London. After talking with him for several minutes, she transferred the call to the interview room. During the time that Malcolm talked with his probation officer, outside the interview room, she described Malcolm and his problem to the researcher. (Of special note is the fact that Pat considered what Malcolm and his probation worker talked about as private communication.)

> "The fact that he needed clothes and wanted to talk with his probation officer were the presenting problems. The other identified problems were that he was rejected by his mother, his father was not around and that he drank and had a drug problem".

On the basis of the non-routine information that was elicited in the course of the interview, the social worker constructed a non-routine understanding of Malcolm. In order to maintain consistency between the way she understood Malcolm's case and the way she worked with him, she offered him a non-routine intervention. Subsequently, the general interactions between Pat and Malcolm took on psychological-treatment significance that was 'meaningful' only in the context of her present work with Malcolm.

> "Malcolm called Pat back to the interview room when he completed his talk with his probation worker. Pat told him that his probation worker had told her that he would probably receive a suspended sentence. Malcolm did not react to this. Pat also told him that she had set up an appointment with the WRVS for him to get some clean clothes. Pat asked him if there was anything else he needed. He told Pat that he needed to buy a towel, a razor and shaving cream. He told Pat that he had already been to the DHSS and they had arranged to send him his money two days thence. Pat asked him how much money he needed. When he did not answer, Pat asked him if £2.50 was enough? He sat up in his chair and asked Pat if she was going to arrange for the money 'right now?' She said 'yes' and left the room to make the necessary arrangements. When she returned she handed Malcolm the Section 12 form to sign. She told Malcolm to read the form carefully before he signed. Pat told Malcolm to look carefully where she had crossed out 'loan' and put in 'grant'. She told Malcolm that she did not expect him to repay the money though she thought he might want to repay it. Malcolm said that it 'is about time that I started taking care of myself. I will repay the money when I get my giro'. Malcolm thanked Pat several times ..."

(ii) The individualisation of a referral's descriptive dimensions

The 'other side of the coin' to the rationalisation of case dimensions, the individualisation of case dimensions, takes several forms. Underlying this case management technique is the process of making the information abstracted from the totality of each referral's personal history and circumstances germane and applicable only to that referral. The information cannot be generalised to other referral understandings.

A. By pursuing search options that introduce in interviews non-routine information about the referral, the social worker can construct a non-routine, individualised understanding of the referral. In these instances the worker attributes intrinsic meaning values to the information introduced. This can vary from the use of relatively uni-dimensional non-routine information (such as a referral's fears of being recalled to prison), to multi-dimensional non-routine information (such as a referral being emotionally at risk). Though non-routine understandings vary according to the type of non-routine information used in the actual understanding construction, the variation in the amount of non-routine information does not affect the transferability of the information to understanding construction of other referrals.

Again the following examples should be viewed in comparison with intake team work with NFA and elderly referrals. In the first example, the social worker constructed a relatively uni-dimensional understanding of the referral. However, as the understanding is based on non-routine information it is not transferable to understanding construction of other referrals.

> "Allen has a father, brothers and sisters living in Albion. The rest of the family lived in England. He told me that he is in trouble with a woman ... He was in prison since 1977. He was checking with British Rail for a job. This is in his favour. He said that he is scared but outwardly he acted as if 'it's a laugh a minute'. He is on parole. If he stays in Albion without permission he will be recalled to prison. The Home Office is considering recalling him. I should call his parole officer in _____. If they decide to keep him on parole they can transfer him to the area office. Unless we get this settled, he will be recalled".

In her construction of an understanding of Allen, the social worker attributed intrinsic meaning values to information generated in the interview about his personal history and circumstances and his fear of being recalled to prison. The worker did this by interpreting Allen's 'it's a laugh a minute' behaviour as symptomatic of deep emotional distress. On the basis of a non-routine understanding the social worker attempted to help Allen with his emotional problems by transferring his parole supervision to the area office.

In this next example, multi-dimensional, non-routine information about a referral's personal history and circumstances was used to construct a non-routine understanding. As in the previous example, this information is not transferrable to understanding construction of other referrals.

> "Bob seems highly motivated. He said the right things. He said that he thinks highly of the AA (Alcoholics Anonymous), an unusual thing to be said. He described his life story to me and it was one hell of a history. He told me his history from day one ... He gave me it in detail. I am impressed with his openness. He also impresses me with the fact that when I discussed with him that I was not interested

> that he stole a jacket (the reason for a future SER report), he understood this.
>
> He had the potential for a good life and he knows he buggered it up. His bitterness was projected onto other people, but he must feel rejected. He had an interview at _____ Hospital for his drinking problem. He told me that the lady social worker at _____ 'told me what to do and how to behave'. He took great exception to being told how to run his life, and therefore did not go back. I intend to go over this matter with him. This just goes to show that Bob is not able to adjust to highly structured situations".

In addition to the worker's choice of a search option that expanded the introduction of non-routine information about Bob in the interview, she also attributed certain intrinsic meanings to this information. This is illustrated by her willingness to bend to Bob's decision not to return to the alcoholism treatment hospital, the value that it was symptomatic of a deeper psychological problem that "he is not able to adjust to highly structured situations". The intervention offered Bob on the basis of this non-routine understanding of him was "to go over this matter (that he is unable to adjust to highly structured situations) with him".

B. The social worker can choose a search option that implies that the referral can be helped only through continued social work contact. It is helpful to compare the following example with NFA and elderly referrals who were all referred to outside service agencies other than the area office.

> "I told Bob to remain in contact with me - to contact me either on Monday or Tuesday. He has to understand what I am willing to do. I am not going to make an assessment by myself - I must do it with him and have an agreement as to what we are working towards".

Consistent with the construction of a non-routine understanding of Bob, the social worker offered him a non-routine intervention based on continued contact with her as his social worker. The 'possession' of this information about Bob implied to the social worker that she was the one person who was able to operationalise this information to help (change) Bob. In other words, if a non-routine understanding of a referral is to be operationalised, it is operationalised by the social worker 'possessing' the information.

A Further Note on the Operationalisation of Non-routine, Individualised Understandings of Referrals

The discussion of offender referrals to this point has focused primarily on case management techniques that permit the introduction of non-routine, individualised information about referrals in interviews. Comparisons are made with case management techniques that limit the introduction of non-routine information in interviews. Non-routinising case management techniques cluster in intake work with offender cases to the general exclusion of routinising case management techniques. Routinising case management techniques are used in intake work with NFA and elderly referrals to the general exclusion of the other case management techniques. Given that intake team work with each of the three case types discussed seems to be characterised by the use of one kind of case management technique to the exclusion of other kinds of management technique, there is strong evidence that the intake team has established different work routines with each of these three case types.

There is an additional comparison that can be made between the case management techniques used with all three case types. Stereotypical information used in the understanding construction of elderly and NFA referrals is operationalised through established work routines based on the assumed needs of these stereotypes. Workers construct stereotyped understandings because non-instrumental interventions are not available to them in their work with such cases. That is, the technology of work with these two case types determines how an understanding is constructed. For this reason, most elderly referrals are offered the interventions 'referral to O.T. or home help units', or 'instrumental assessment' and most NFA referrals are offered the interventions 'case closed, advice given' and 'case closed, no intervention'. On the other hand, the operationalisation of non-routine, individualised understandings of offender referrals is relatively speaking rather more complex. Though an intake team work pattern with offenders exist in terms of the use of similar search options that expand the introduction of non-routine information in interviews, the intake team does not have established 'appropriate' routine interventions to use as work guidelines with non-routinely understood referrals.

Because of the absence of established 'appropriate' interventions for intake work with offender referrals, the operationalisation of the relatively large amount of individualised, non-routine information is dependent on some means of organising the information into operational categories. In the case of Malcolm, non-routine, individualised information about his personal history and

circumstances was compiled into two operational categories of (i) the presenting problem and (ii) the actual, underlying problem. Implicit in this form of information organisation is the 'fact' that the 'presenting problem' is less important than the 'actual, underlying problem'.

> "The fact that Malcolm needed clothes and wanted to talk with his probation officer are the presenting problem. The other identified problems are that he is rejected by his mother, his father is not around, he drinks and has a drug problem".

The categorisation of information in this way allowed the social worker to operationalise the non-routine information about Malcolm by offering him financial assistance with his presenting problem, while at the same time 'therapeutically' helping him with his 'actual' underlying problem "that he is rejected by his mother, his father is not around, he drinks and has a drug problem".

The use of clinical, psychiatric interpretations of information also provides social workers with legitimate ways to categorise the relatively large and varied amount of information that becomes available in interviews that are expanded to include non-routine information. The following example attempts to illustrate this point. Paul was described as "depressed". This diagnosis of Paul's psychic state permitted the social worker to organise the large variety of non-routine information about Paul into the two operational categories.

> "The initial problem is financial ... Paul is an interesting case ... He was into drugs heavily and has travelled a lot between Britain and Europe. He was at _____ University but left after two years. He writes poems and has published several of them. He was on hard drugs four years ago. He was on heroin. His marriage broke up when he returned from Europe. He went into _____ Hospital to dry out. As he was unemployed, he was not given prescriptions. He had to go to the black market to buy his drugs. He stole and forged cheques to pay for his habit ... He returned in the Autumn and became depressed. He tried to steal some drugs from the hospital but he told me 'the attempt was a kamikazi job' as I knew they were watching me'. He is unable to accept disciplined structure and he tries to intellectualise his problems".

As in the previous example, individualised, non-routine information is not easily operationalised in its raw form. However, with a diagnosis of 'depression' and an explanation for seemingly unconnected behaviour ("he is unable to accept disciplined structure and tries to intellectualise his problems") the social worker was able to organise the wide variety of information about Paul into operational categories.

Summary of Offender Case Disposal

Offender referrals accounted for 8% of all referral cases observed. As such, they represent a relatively small part of the overall intake team workload.

As non-routinising case management techniques were used in intake work with offender referrals to the exclusion of the second type of case management techniques, this suggests that intake team workers use a shared work pattern with offender referrals. (If a shared work

pattern did not exist, then it can be assumed that there would be a relatively equal distribution of the two types of case management techniques in the case disposal of one case type.)

Family

Of the 6 family referrals observed, the interventions offered were as follows:

1. 1 case (17%) offered continued social work contact
2. 1 case (17%) referred to O.T. or home help units
3. 1 case (17%) case closed, no intervention
4. 3 cases (50%) case closed, advice given.

With respect to the types of interventions offered them, family referrals in the Metropolitan Office show a number of similarities and differences when compared to other case types. Following are two such comparisons.

(i) Both family and offender referrals individually represent 8% of the overall intake team workload. However, the interventions offered these two case types differ considerably (Diagram 11, p.82).

(ii) Although an overall comparison between NFA and family referrals shows a considerable difference in the types of interventions offered, to a significant level both case types were offered the intervention 'advice given, case closed'. 68% of NFA and 50% (3 cases) of family referrals were offered this intervention.

One way to account for these similarities and differences would be in terms of the relatively small number of referrals observed. Although the possibility remains that the sample is not representative of other family referrals, there is evidence to the opposite. First, when discussing with intake team staff their work with these cases,

they gave no indication that the cases differed from other family referrals. Second, family referral case disposal is similar in both area offices. (This point is discussed in detail in the analysis of family referrals in the Suburban Area Office.)

In the light of this consideration, the differences in the interventions offered family referrals and other case types (in the Metropolitan Office) suggest (i) that there is a different intake work pattern with family referrals as compared with other types of referral, and (ii) that this work pattern is shared in both the Metropolitan and Suburban Area Offices. Considering that there is no statistical difference in the case disposal of the three largest case types in the Suburban Office ($X^2 = 1.19$, df = 2, $p < .70$), family referral case disposal in the Metropolitan Office represents a work pattern that is used in case disposal of all case types in the Suburban Office.

To analyse family referral case disposal in the Metropolitan Office it is helpful to compare how family referral cases and NFA cases respectively are dealt with. Given that over 50% of cases in each case type were offered the intervention 'case closed, advice given', it is logical to begin this comparison with the analysis of the referrals in each case type offered the same interventions. What follows is (i) a comparison of one NFA case and the single family referral offered continued social work contact, and (ii) a comparison of the other interventions offered referrals of both case types.

As discussed earlier in the examination of NFA referral case disposal, the construction of the understanding of the one NFA referral

offered continued social work contact was based on a stereotype of NFA referrals that was shared by intake team workers. Mary was offered continued social work contact because of her pregnancy. The fact that she lived in one of the hostels was not considered a sufficient reason to offer her continued social work contact. Rather, the intake team's shared stereotype of NFA referrals allowed Mary's social worker to organise the non-routine information about Mary in a way that permitted the interpretation of this information as 'proof' of Mary's chronic, unchanging (and unchangeable) NFA behaviour. The same information, theoretically, could have been interpreted as 'proof' of Mary's traumatic childhood as it affected her current behaviour. In other words, though Mary was offered continued social work contact, she was still understood as a typical NFA referral with the one difference that she was pregnant.

In contrast to Mary, the understanding of the one family referral offered continued social work contact was constructed on the assumption that information about the family had intrinsic meaning values. The primary difference between the two cases is that in the case of Mary, individualised, non-routine information was interpreted in the light of the NFA stereotype as 'proof' of her chronic, unsocialised and unchangeable behaviour. On the other hand, non-routine information about the Green family was interpreted as 'proof' of deeper, underlying emotional stresses in the family.

> "Mrs Green is having a breakdown. She has not been out of the house for the last half a year. She does not trust herself with her children. She is unable to talk with her GP. He described the family as 'complex'.

> Danny, the oldest boy, is eighteen. He drinks a lot and is violent. He was in the army but was discharged with something to do with his head. On Friday night he came home and drew a knife on his sister. Mrs Green dived on her daughter and she ended up with two black eyes.
>
> Mrs Green is worried about her two youngest children. One daughter, Joyce, was referred to the Albion Hospital psychiatric unit for adolescents. After a month, however, she changed her mind and never went back. She is difficult. She is moody, temperamental and very overweight. She is depressed about this because she is teased that she is overweight. She compensates for this by eating more and therefore becomes even fatter. Mrs Green says that Joyce has difficulty relating to other people. She comes home from school and stays in and never goes out. She has attempted suicide once.
>
> The father died in 1972... Danny blames his father's death on his mother. The father was twenty years his wife's senior. Danny says that she was having an affair and that killed his father. Danny was, however, supportive towards his mother after his father died though he still blames his father's death on his mother's behaviour.
>
> Theresa is Mrs Green's favourite child. In 1974 she was raped. She was then put on supervision because of her need for protection ..."

In summing up the intrinsic meanings of the non-routine information introduced in the interviews with the Green family, the social worker interpreted this information as symptomatic and 'proof' of deeper, underlying emotional stresses in the family.

> "From 1971 to 1975 the family was in contact with the area office. The contact was over financial matters mainly, but also relationship problems between family members. However, the focus of that intervention was the family's financial problems. Strange, I see the family's internal relationships as the most important issue. Mrs Green attempted suicide several times. There was one serious attempt and I think that scared her. She was doing this to seek attention. Her suicide attempts were attention seeking devices".

On the basis of this interpretation, the social worker intervened in a non-routine way. She saw her task primarily as helping the Green family with their underlying emotional stresses and secondarily as helping the family to improve their physical surroundings.

> "I talk with Mrs Green on two levels. I talk with her about psychiatric treatment for Joyce. Also I talk with her on the practical side - to make the house easier to live in. I contacted the DHSS for clothing for Mrs Green and her family. I did this to make them feel something is being done so that they would feel better".

Though only one case in each of the two case types was offered continued social work contact, the two cases differ considerably. Mary was understood on the basis of a stereotype of NFA referrals. The social worker's construction of an understanding of Mary was characterised by the clustering of routinising case management techniques. On the other hand, the social worker's construction of an understanding of the Green family was characterised by the clustering of non-routinising case management techniques. There is accordingly little similarity between the two cases.

In several ways the three family referrals offered the intervention 'case closed, advice given' are similar to NFA referrals offered the same intervention. (i) a large percentage of referrals in both case types were offered this intervention; (ii) the search options used in intake work with both case types offered this intervention are characterised by the clustering of routinising case management techniques.

In the first example of a family referral offered the intervention 'case closed, advice given', the social worker chose a search option that limited the introduction of non-routine information in her interview with the referral.

> "Janice is a single woman with a six year old boy. She told me that she has just moved to Albion. She has a job as a secretary and she wanted to know if there is anyone who can look after her son until she returns from work each day. I gave her a list of the local childminders but I found that they do not take children over five. I suggested that she go to the Regional Social Work Office for advice".

As with NFA referrals, the social worker had alternative search options to expand the introduction of non-routine information in her interview with Janice. For example, she could have discussed with Janice her adjustment problems to life in Albion or invited her to return to the office to discuss her son's emotional development. However, the referral to the Regional Office was a total referral with no expectation that she should return to the area office at a later time.

The two other family referrals offered the same intervention are similarly characterised by the clustering of routinising case management techniques. In this way, understanding construction of family or NFA referrals offered the intervention 'case closed, advice given' is similar.

However, the most significant difference between the two case types offered this intervention in the way their problems were understood, is that with family referrals the social workers explained their reasons for the offer of this intervention in terms of general

social work principles and not in terms of a stereotype.

> "... I gave her a list of childminders but I found that they do not take children over five. I suggested that she go to the Regional Social Work Office for advice. I did this as I feel self-determination is important - to let her do it for herself".

Similarly, in the second example of a family referral offered this intervention, the worker explained the reasons for her offer of this intervention by saying that "she is capable of taking care of herself". Though the third example varies slightly, the social worker explained the reasons for her offer of this intervention in terms of the family's residing in the geographical area of responsibility of another area office.

Summary of Family Referral Case Disposal

In the Metropolitan Office, family case disposal represents a hybrid mixture of similarities to and differences from case disposal of other case types. For example, though each case type represents 8% of the overall workload of the intake team, the interventions offered family referrals are not comparable to interventions offered offender referrals. The one significant similarity in the interventions offered family referrals and other referral case types is the offer of the intervention 'case closed, advice given' to a large percentage of family and NFA referrals.

In a comparison of family and NFA referral case disposal, the understanding construction of the one case in each case type offered continued social work contact differs significantly. The

construction of the understanding of the Green family more closely resembles the construction of the understandings of offender than NFA referrals. On the other hand, understanding construction of family and NFA referrals offered the intervention 'case closed, advice given' is characterised by routinising case management techniques. However, whereas understanding construction of NFA referrals is based on a stereotype of NFA referrals, understanding construction of family referrals is not based on a stereotype.

For several reasons, family referral case disposal is different from intake team case disposal of other referral case types. (i) family referral case disposal represents a hybrid of similarities and differences with intake team case disposal of other referral case types; (ii) family referral disposal is characterised by the use of both forms of case management techniques. For these two reasons there is a strong suggestion that the intake team does not share an established work routine with family referrals. That is, family referral case disposal is determined more by non-case type consideration, as a social worker's professional interests, than by a specific work pattern.

Suburban Area Office - Duty System

Of the 50 referrals observed in the Suburban Area Office, 39 were new referrals. Eleven of the 50 referrals involved duty work with on-going clients of other area office social workers. Part of the duty social worker's remit in these cases is to work with a case until the allocated social worker becomes available.

> "Fiona is Jill's client. She called to say that she had no money. She told me she received £48 from DHSS last week. She said she has no money after buying food etc. ... She asked me if I would help her. I said that she should contact her own social worker later when she returns to the area office. It was no use to use Section 12 because her own social worker is somewhere in the office. I do not want to interfere with the contract Fiona has with her own social worker. If the social worker was away for a long period of time I would have read the file and tried to help Fiona"

and

> "Mrs Johnson is Nancy's case. It's the case of an old lady who received a gas bill for some repairs the gas company did to her flat. Nancy had advised her to send the bill to her landlord. The landlord returned the bill. I talked this over with her and told her not to worry. I intend to leave a note for Nancy to visit Mrs Johnson and sort it all out".

The sample of referral cases analysed in Diagram 11 (p. 82) represents only the 39 new, non-allocated referrals.

Of the 39 non-allocated referrals observed, 18 (46%) were elderly referrals, 13 (33%) were family referrals, 4 (10%) were single person referrals, 2 (5%) were foster parent application referrals, 1 (3%) was a mentally handicapped referral and 1 (3%) was a non-accidental injury referral (NAI).

A numerical overview of all case types in both area offices shows a significant difference in the composition of each office's referral workload. Taking into account this difference, a comparative analysis of case disposal is dependent on the analysis of case disposal similarities and differences of referral case types that are represented in both area offices. The following discussion comparing case disposal in both offices is based primarily on the comparison of

case disposal of elderly and family referrals in both offices. However, an additional objective is the overall illumination of duty system work routines with all referrals. References are made to case management techniques as they appear in duty work with elderly and family referrals. However, unless there is a significant difference in the way a case management technique was used, there is no further analysis of the case management technique.

Elderly

Of the 18 elderly referrals observed, the interventions offered in ascending order of frequency were as follows:

1. 1 case (6%) was referred to O.T. or home help units
2. 1 case (6%) case closed, advice given
3. 2 cases (11%) assessment
4. 6 cases (33%) offered continued social work contact
5. 8 cases (44%) case closed, no intervention.

A statistical comparison of interventions offered elderly referrals illustrates a significant difference between the two area offices ($X^2 = 23.12$, df = 3, $p < .001$). Diagram 12 illustrates the content of this difference.

DIAGRAM 12 Percentage of Elderly Referrals Offered an Intervention

Intervention types	Metropolitan Office (%)	Suburban Office (%)
1. Offer of continued social work contact	4	33
2. Offer of assessment of case pending	40	11
3. Offer of referral to O.T. or home help units	48	6
4. Offer of case closed, advice given or case closed, no intervention	8	50
Total cases (= 100%)	25	18

The principal difference between the interventions offered elderly referrals in the two area offices is that whereas 88% of elderly referrals in the Metropolitan Office were offered interventions 2 and 3, 83% of elderly referrals in the Suburban Office were offered intervention types 1 and 4. On the basis of this comparison, there is strong evidence that each office understands and works with its elderly referrals in different ways. (Both offices code these referrals as elderly referrals.)

This suggestion is supported further by the difference in search options and case management techniques each office uses to construct understandings of elderly referrals. In the Metropolitan Office, understanding construction of elderly referrals, is based on a stereotype of elderly referrals as people at risk, or possible risk, to body or life and who are incapable of psychological change. With

the exception of Mr Brown (until he was diagnosed by a psychiatric nurse) the search options that were used are characterised by the clustering of routinising case management techniques.

Understanding construction of referrals in the Suburban Office is not based on a stereotype. The search options used with elderly referrals offered continued social work contact are characterised by non-routinising case management techniques. In the case of elderly referrals offered the interventions 'case closed, advice given' and 'case closed, no intervention', the search options used by workers in the Suburban Office are characterised by routinising case management techniques. In terms of the case management techniques used, there is a similarity in the way understandings of all elderly referrals in the Metropolitan Office and of elderly referrals in the Suburban Office offered the two interventions 'case closed, advice given' and 'case closed, no intervention' are constructed. However, in the examples of elderly referrals in the Suburban Office offered these two interventions, the decision as to what type of aid should be offered was based on non-case type determinants (for example a worker's professional interest) and not on a stereotype. In this way, understanding construction of elderly referrals in the Suburban Office resembles more closely understanding construction of family referrals than elderly referrals in the Metropolitan Office.

Understanding Construction of Elderly Referrals

Search options duty system workers used to construct understandings of elderly referrals offered continued social work contact are characterised by non-routinising case management

techniques. In the next example, the social worker chose a search option that, in addition to assessing the elderly woman's risk to her body or life, pursues non-routine information about her relationship with her nephew. The inclusion of this latter information in the social worker's understanding of the elderly woman necessitated the offer of a non-routine intervention if no disjunction was to arise between the way she understood and the way she worked with the elderly referral. In this instance, the intervention offered was emotional support to the nephew.

> "A fellow came into the office. He is worried about his elderly aunt. She is about eighty. The GP said that she is becoming more frail. She receives meals-on-wheels. She receives the maximum of home help. I therefore doubt if she is able to remain at home. The aunt, however, is unwilling to go into Part IV. We should attempt to talk with her about Part IV as she may be willing to talk with a social worker. This would reassure the nephew. She may be thinking that the nephew is trying to get her money. We should attempt to allay the nephew's anxiety. We have to let nature take its course. The nephew should not feel bad about this. This case will be allocated to the Tay sub-team".

A second search option duty social workers use to introduce non-routine, individualised information in interviews with or discussions about referrals is to focus their attention on the 'actual' problem rather than the 'presenting' problem. In the following example, the referral was made via a telephone call. In this respect, it is of special interest that the social worker chose a search option that generated non-routine information about the elderly couple. As a medium of communication, the telephone is limiting in the communication of emotional information and totally deficient as a means of

communicating non-verbal information. The social worker's choice of a search option that expanded the introduction of non-routine information in her telephone conversation with the elderly couple represents an intensive use of this search option. For this reason, this case can be considered an exception. However, in the light of the relatively large number of elderly referrals offered continued social work contact, it is more likely that the case is representative of duty work with elderly referrals.

In this example, an elderly couple called the area office for information about local nurseries for their grandchild. After consulting a list of local nurseries, the social worker relayed this information to the couple but continued to talk with them about their grandchild. After completing the 'phone call, the social worker consulted with the duty senior social worker.

> "Sandra (social worker) told Bill (senior social worker) about the 'phone call from Mr and Mrs Smith. She told him that the child is now living with his paternal grandparents. She added that since the child has moved in with them, they started looking for a full-time nursery. Bill told Sandra that he is concerned about the case. He told her that he thought the child is probably being shifted around between the parents and the grandparents. He advised Sandra to call the grandparents and to tell them that someone will be around to see them. He told Sandra to make sure the case is allocated".

In summing up her reasons for not limiting her intervention to the giving of the information that was requested, Sandra said:

> "... Because the child is being passed back and forth like a yo-yo. I was picking up signs of problems. We should get involved in order to see what is happening".

Though the child is probably the principal catalyst in the social worker's choice of search options, the social worker did have the alternative option to give the elderly couple the information they requested and to close the case. However, it was the social worker's choice to pursue a particular search option that changed the understanding of the case from one of an elderly couple requesting routine information to one of a child at risk, or possible risk, to his emotional well-being. The 'fact' that the couple were an elderly couple was the 'presenting' problem. The 'fact' that there possibly was a child at risk, or possible risk, to his emotional well-being was the 'actual' problem.

To a lesser degree of intensity than in the above case, duty system work with elderly referrals offered continued social work contact is characterised by non-routinising case management techniques. In the following example, the social worker pursued a search option that changed the understanding of the case from one of an elderly man mis-managing his money to one that included information about his drinking problem and his relationship with his niece.

> "The DHSS called the office about an old man - Robert. He is seventy-two. The DHSS officer said that he had visited Robert about some old gas bills. Robert told the DHSS visitor that he had not paid the gas bills because he had not received his pension money since last September. The DHSS officer said he had checked this out and found that Robert had cashed his pension three times in three different banks.
>
> His electricity was cut off today. The Gas Board wants to cut off his gas supply in two days. Because of his 'hanky-panky' the DHSS are not willing to help him.

> There is a non-dependent living in the flat with him. She is a thirty-five year old niece of his. I am not sure how this affects the picture. The DHSS officer thought that Robert is drinking his pension and that he is under the thumb of the niece. According to the DHSS officer, he looks clean and well looked after. He goes to the local pensioners group at the local centre ... Oh yes, his 'phone is going to be cut off soon. He has £124 'phone bill".

The case was discussed by the duty social worker and duty senior social worker at the day's allocation meeting.

> Social worker (senior): (Reading from the intake form) "Robert is going to have his gas and 'phone disconnected. He receives £29 a week from his pension, so he is above Supplementary Benefit level. His niece stays with him but she does not help with the payments. There is a possible drinking problem. He needs a lot of help to get things sorted out. It is vague why he cannot pay his bill".
>
> Social worker: "The question is if we are able to help him. If the niece drinks this complicates the picture. She probably had a difficult marriage - this follows a pattern ..."

The understanding constructed of Robert, that included information about his drinking problem and his relationship with his niece, was legitimised by the senior social worker when he stated that "It is vague why he cannot pay his bill". As a statement about Robert's inability to manage his accounts, it legitimised the worker's use of a search option that permitted the inclusion of non-routine, individualised information about Robert in her constructed understanding of him and his problem.

Understandings of elderly referrals in the Suburban Office offered the intervention 'case closed, advice given' and 'case closed, no

intervention' are similarly not constructed on the basis of a stereotype. Though duty work with these referrals is characterised by routinising case management techniques, as with family referral case disposal in the Metropolitan Office, case disposal is based on non-stereotype considerations such as a social worker's professional interests.

In the following examples of elderly referrals, the social workers adopted a passive approach in not pursuing search options to learn more about the referrals' personal history and circumstances, thereby limiting the constructed understandings of the elderly referrals to understandings of their current financial situation. On the other hand, it was relatively incidental that the referrals were elderly people.

> "Sarah is an old lady who said she saw a programme on television about social security benefits. She is eighty-five years old. She lives with an unmarried, working daughter. Sarah saw the programme and called the office to see if she is entitled to further benefits that she is not receiving at present. She is receiving rent rebate and is unwilling to accept Supplementary Benefit as her daughter does 'not want to beg'. I suggested to Sarah that I will write to DHSS for them and DHSS will send out someone to assess what they are entitled to receive. Sarah then told me about her life - that it is important to her not to beg. I sent a letter to DHSS and to no one else. I did not put the case in for allocation but if Sarah or her daughter do come in, the duty worker will pick up the case".

> "The lady who called is a disabled elderly woman who is in contact with the Regional Office O.T. Department. She called to ask if she is entitled to more financial benefits if she does not use her 'bus pass. She is wondering if she is still entitled. I am not sure, but there might be a loophole. I plan to check this out and send her a letter telling her what I found".

The workers in both of the above two examples described themselves as "welfare rights workers". This is probably the most important reason why they constructed understandings of the two elderly referrals in the way they did.

Similarities in case disposal between the two offices appear only in relation to the relatively small number of Suburban Office elderly referrals offered the intervention 'assessment' (2 cases - 11%). In the following case, there is little difference in the way Suburban Office duty workers worked with the case and the way Metropolitan Office intake workers worked with similar cases. As in the Metropolitan Office, the assessment of elderly referrals in the Suburban Office is limited to determining the level of risk to the referral's physical well-being.

> "The home help called to tell us that the cooking conditions in Mrs Donnelly's flat were dangerous. She asked if there is anything we can do about it. Maybe DHSS is in a position to help her. If the answer is positive from DHSS we can get her a new cooker. Otherwise, it seems that she is alright at home. However, we should make a home visit to make sure she is able to get along on her own".

Mrs Donnelly was described on the intake form as:

> "... An elderly woman at risk. She is eighty-seven years old. The telephone referral came from her home help. The home help said that she is using a dangerous cooker. She has already spilt water on herself. There are no close relatives. Decision - to allocate for assessment and see if DHSS is willing to buy her a new stove".

Considering the relatively small number of elderly referrals offered this intervention in the Suburban Office, the above examples

do not represent an established work pattern of duty system work with elderly referrals.

Summary of Elderly Referral Case Disposal

The variation in the distribution of interventions offered elderly referrals as between the two area offices suggests that the two offices do not share a similar work pattern with elderly referrals. This suggestion is further supported by a comparison of the similarities and differences of the case management techniques used by duty system workers in their work with elderly referrals and intake team workers in their work with elderly and other case type referrals.

In the Suburban Office, understandings of elderly referrals were not constructed on the basis of a stereotype. With elderly referrals offered continued social work contact, the search options used are characterised by non-routinising case management techniques. With elderly referrals offered the intervention 'case closed, advice given' or 'case closed, no intervention', the search options used are characterised by routinising case management techniques. However, the decision to offer this intervention is based on non-case type considerations and not on a stereotype.

The clustering of both types of case management techniques in the case disposal of elderly referrals in the Suburban Office suggests that this office does not have a shared, established work routine with elderly referrals. In this way, elderly referral case disposal in the Suburban Office resembles more the type of case disposal used for family referrals than for elderly cases in the Metropolitan Office.

Family

Of the 13 family referrals observed, the interventions offered in ascending order of frequency are:

1. 1 case (8%) offered assessment
2. 1 case (8%) placed in pending
3. 1 case (8%) case closed, no intervention
4. 3 cases (23%) offered continued social work contact
5. 7 cases (54%) case closed, advice given.

Family referrals represent 33% of the duty system's overall workload.

A numerical comparison between interventions offered family referrals in the Metropolitan Office and the interventions offered family and elderly referrals in the Suburban Office illustrates a similar trend in the interventions offered all three case types. Diagram 13 illustrates this trend in terms of the percentage of each intervention type offered each case type.

DIAGRAM 13

Intervention (%)	CASE TYPE Family (Metropolitan)	Family (Suburban)	Elderly (Suburban)
1. Offer of continued social work contact	17	23	33
2. Offer of 'advice given, case closed' or no intervention	67	62	50
3. Other	17	15	17
Total cases (= 100%)	6	13	18

In all three case types over 80% of the interventions offered were either for continued social work contact, for 'case closed, advice given', or for 'case closed, no intervention'. The earlier discussion of family referral case disposal in the Metropolitan Office and elderly referral case disposal in the Suburban Office illustrates the similar work pattern used in both area offices with these two referral case types. On the basis of the comparison outlined in Diagram 13, there is strong evidence that the work pattern observed in these two case types is also present in duty system work with family referrals. In other words, case disposal in all three case types is similarly characterised by the absence of an established work routine.

This point is supported further by the similar search options and case management techniques used in the case disposal of all three referral case types. As in the case disposal of family referrals in the Metropolitan Office and in the case disposal of elderly referrals in the Suburban Office, duty system work with family referrals offered

continued social work contact is characterised by non-routinising case management techniques. In the following example of duty system work with family referrals offered continued social work contact, the social worker chose a search option that actively pursued information about the "actual" as well as the "presenting" problem.

> "John (social worker) greeted a couple and led them to one of the interview rooms. The couple opened the interview by telling John that they are taking care of their nephew. They told John that 'his mother uses drugs and is in a mess. He (nephew) does not want to go home to his mother and stepfather. He sees everything and they are not able to hide it from him'. Mr Roberts then told John that the boy's mother still collects child benefits for the boy. He added that he and his wife need the money to pay for the boy's expenses. They told John that the stepfather steals about £40 to £50 a day to pay for his drug habit".

Till this point in the interview, Mr and Mrs Roberts presented their problem as basically financial. They introduced information about their nephew's background as 'proof' that the boy should remain with them. In the interactions that followed, the social worker pursued a search option that, in addition to giving the couple advice about their financial difficulties, attempted to generate non-routine information about the boy and his family.

> "John said that they should ask the boy's mother for the child benefits book. John explained that if they approach DHSS directly, they would start them to think ...
>
> John asked the Roberts to tell them a bit more about the boy's family. They told him that the boy's mother is known to the _____ Area Office. They told John that the mother collects child benefits for all three of her children though only

> one lives at home. They added that they are not interested in back payments but only that they should have enough money to buy the boy some things. They told John that the boy needs clothes. They said that 'his blazer is falling apart and he had no shoes'. They added that he had once been invited to a party but he was unable to go as he had no clothes ...
>
> They told John that the boy does not want to go home. 'We were once angry with him and told him that unless he behaves better we would send him home, back to his mother. He later came to us and said that he would run away before he was sent back to his mother'.
>
> John said that he will check with the _____ Area Office to see if they knew about the boy's mother. He told the Roberts that he would contact them later to let them know where things stood".

In the discussion with the researcher after the interview was completed, the social worker summed up the reasons for his choice of search options.

> Social worker: "If there is a social worker involved from the _____ Area Office, I can check with them about the boy's situation. I do not think what is happening is satisfactory".
>
> Researcher: "What is not satisfactory?"
>
> Social worker: "Financial problems and other problems. Because of the other problems a social worker should be involved. I intend to carry the case as far as getting the information about the boy's family from the _____ Area Office. I then intend to have the case allocated to a sub-team".

On the basis of a constructed understanding of the referral that includes non-routine information about the boy's family background, the social worker offered the family continued social work contact.

A second family referral offered continued social work contact is similarly characterised by the use of non-routinising case

management techniques. The search option the social worker chose resulted in the construction of an understanding of the referral based on non-routine information about the inter-personal relationship between parents and their daughter. As a result the social worker offered the referral continued social work contact.

> "Sandra referred herself earlier by 'phones. She is in her late twenties. She has a three year old daughter. She is in the process of getting divorced. She is living in the marital home until she gets a place of her own. Her husband visits every day. Each day he spends some time with his daughter. The daughter is always upset after these visits and Sandra is left with the job of consoling her daughter. She finds this very hard. She smacked the child today and she was very upset that she did this. She said she was angry at her husband and took it out on her daughter. She said that she started hitting the child and was unable to stop. She has insights into her problems. I spent a long time talking with her - one and a half hours. I allowed her to talk.
>
> ... Sandra gets a little support from her mother. Her mother, however, has diabetes and ... Sandra has to take care of her mother as well as take care of her daughter. She needed the one and a half hours to talk. I contacted the Clyde sub-team and they are going to pick up the case".

On the basis of the non-routine information introduced in the interview, the social worker constructed a non-routine understanding of Sandra. Acting in accordance with the construction of a non-routine understanding of Sandra and her family, the social worker offered Sandra continued social work contact that took the form of helping her to talk about the personal and familial stresses she was facing. The constructed understanding of Sandra is not transferable to understanding construction of other referrals.

Duty system work with family referrals offered the intervention 'case closed, advice given' and 'case closed, no intervention' is characterised by the use of routinising case management techniques. A further similarity between duty system work with family referrals offered these interventions and family referrals in the Metropolitan Office and elderly referrals in the Suburban Office offered the same type of intervention is that the social worker's decision to offer such interventions is based on non-case type considerations.

> Social worker: "The DHSS called about the Kennedy family. Mrs Kennedy is separated from her husband and she has care of their child. She has a lot of electricity bills and rent arrears to pay off. The DHSS is arranging for the payment of the rent arrears.
>
> Because she is receiving child benefits of £4 a week, the DHSS is willing to pay the electricity bill for her directly. But the bills come to £5.95 a week. The solution I suggested is that she return the child benefit book and then DHSS can pay her £8 a week in supplementary benefits. This would give them enough money to pay the bills. The DHSS intend to write her and suggest this".
>
> Researcher: "Is the fact that she is separated from her husband a possible reason for offering her social work help?"
>
> Social worker: "I am not sure what we could do for her and her family".
>
> Researcher: "Make a home visit?"
>
> Social worker: "It is not right to make a home visit. We should not start up with people because they make a request for some money".

Similarly, in the other family referrals offered the same interventions, the decision to offer these interventions was based on non-case type considerations.

> "... The case is closed. In my opinion I did not get the hint of other problems. I did not see why the family should be allocated a social worker. If we had a lot of social workers, then I would have put the case up for allocation ... I decided it is not urgent as she talked away warmly about her children and, therefore from that point of view, there is no need for further contact"

and

> "Andrew took a 'phone call from someone asking about day centres in _____. He told the man to call the area office in _____ to get the information"

and

> "... It is a straightforward query. The woman is remarried and her husband wants to adopt her children. Her husband from the first marriage said through a lawyer that he will oppose the adoption. He does not have access to the children. He told her, however, that if the adoption is arranged he will say that she is mentally ill. As she has been to the area office, she called to make sure that the information in the file cannot be used against her. I told her that only if there are matrimonial proceedings would the information in the file go to court. She was happy to hear that".

Summary of Referral Case Disposal : Metropolitan and Suburban Area Offices

A general feature of case disposal in both area offices is the symmetry between the way a referral is understood and the intervention offered. Though the two area offices differ in the ways they construct understandings of and work with referrals of all case types, intake team and the duty system workers maintain a consistent relationship between the understandings they construct of

and the interventions they offer referrals. When a disjunction occurs, as exemplified in the two cases of Richard and Mr Brown, in order to help a referral either the non-routine information has to be routinised or the intervention offered has to be changed in order to re-establish consistency. In other words, in order to operationalise an understanding, a consistent relationship must exist between the way a referral is understood and the intervention that is offered.

It is possible to argue that as each area office works with different case types, each office works with different sets of problems. This argument is partially correct. As each area office is located in a different part of the City, the work pressures each office experiences are different. However, this argument accounts for only the overall numerical difference in each office's workload pressures. Though this argument accounts for the variation in the workload pressures, it does not account for the similarities and differences in the way the two offices construct understandings of and work with referrals of the same case types. A more feasible explanation for these differences and similarities is that, according to case types, social workers use varying search options and varying sets of case management techniques to construct different understandings of referrals of the same case type.

Area Office work with referrals of one case type that is characterised by the use of one case management technique to the exclusion of the second available case management technique represents an established work routine with referrals of that case type. Area Office work with referrals of another case type that is characterised

by a mixture of the two forms of case management techniques represents the absence of an established work routine with referrals of that case type. On the basis of this 'measurement', Metropolitan Office intake team work with elderly, NFA and offender referrals represents an established work routine. Metropolitan Office work with family referrals and Suburban Office work with elderly and family referrals represent the absence of an established work routine with these case types. The offer of an intervention to a referral from one of these latter case types is based on non-case type considerations.

The reasons for the clustering of one case management technique in a referral case type is dependent on several factors that are not fully discussed in this chapter. However, the choice by Metropolitan Office intake team workers of routinising case management techniques in their work with NFA and elderly referrals is based on the paucity of legitimate, non-routine intervention possibilities available to offer NFA and elderly referrals. In other words, social work counselling and therapy (the two most non-routine interventions available to intake team workers) are not considered legitimate use of intake team social work time with NFA and elderly referrals. In regard to Perrow's assumption that the way an organisation understands its raw material determines its technology, there is strong evidence that the opposite occurs with these case types - the area office's technology determines how it understands these referrals.

Non-routinising case management techniques tend to be adopted in those case types in which the offer of a non-routine intervention is

considered a legitimate use of intake team and duty system social work time. This point is illustrated in more detail in the next two chapters. However, one component in a referral's history and circumstances that makes the offer of a non-routine intervention a legitimate use of social work time is the presence of a child who is seen as being at risk to his emotional or physical well-being. This is exemplified in the referral cases of Mary and the Green family in the Metropolitan Office and the cases of Mr and Mrs Roberts in the Suburban Office.

The use in the Metropolitan Office of a stereotype to understand NFA and elderly referrals is the result of a work routine that has built up over a period of time. Intake work with these two referral case types is characterised by the absence of legitimate, non-routine interventions. As only routine, instrumental interventions are available, the information abstracted from the totality of each referral's personal history and circumstances is the stereotype of the person as a NFA or elderly referral. It is important to note that the use of the stereotype to understand NFA and elderly referrals is based on the absence of legitimate non-routine intervention possibilities and not the other way around - that routine interventions are offered elderly and NFA referrals because of the intake team's use of stereotypes to understand these two case types. As long as no legitimate non-routine interventions are available, then in order to maintain a consistent relationship between the way a referral is understood and the intervention offered, the intake team has no choice but to understand NFA and elderly referrals on the basis of a stereotype.

CHAPTER 5

Patches and Sub-teams

How does each area office, out of the very large number of ways available for understanding and working with clients, form constructions of and ways of working with clients that are characteristic of that area office?

Metropolitan and Suburban Area Offices : Patch and Sub-team Case Allocation

The transfer of cases from the intake team to the patches (Metropolitan Office) and from the duty system to the sub-team (Suburban Office) represents in both offices the reclassification of a referral as a client (i.e. the client is offered continued social work contact). In both offices the reclassification procedure is a public activity. However, in terms of its content, the procedure is significantly different in each area office. If the procedure is analysed on a spectrum from public to private office work activities, it is possible to illuminate these differences. More specifically, such an analysis will show (i) the reasons why the transfer of cases in the Metropolitan Office is a formal, public procedure whereas in the Suburban Office it is significantly less so; and (ii) how each area office legitimises the reclassification of a case as a client.

In both offices, case disposal is characterised by the large number of public ceremonies associated with the 'making of a client' and the fewer number of such ceremonies associated with the closing of a case. (1) In both area offices, the decision to offer (or not

offer) continued social work contact is taken in the intake team and duty system. With the exception of the interview situation, in both offices this decision procedure takes place in the presence of two or more social workers. In contrast, the closing of a case file (in the patches and the sub-teams) is characterised by the absence of public ceremony and rarely involves the participation of the client or another social worker.

> "When I close a case I forward the file to my senior who then signs that the case is closed. The criterion I use to close a case is to check the case according to criteria I set myself on the basis of social work practice. If, after I evaluate a case, I feel that there is nothing to be done, I pass the case to my senior. She never returns a case I close. She always accepts my evaluation".
> (Basic grade social worker - Metropolitan Office)

Case Allocation - Metropolitan Area Office

A case transferred from the intake team to a patch is presented by an intake team liaison social worker at a patch weekly allocation staff meeting. (Each patch meets weekly for 1½ hours.) Chaired by the patch senior social worker, the meetings-looked at in terms of the activities which take place within them-would seem to have two main functions. First, general issues of patch business are discussed. Second, cases referred to the patch for allocation are presented and allocated to patch basic grade social workers. If a case is referred by the intake team, it is presented by a liaison worker. If the case is a statutory referral, referred directly to the patch and not via the intake team, the patch senior reads a short description of the case based on file notes. If more than one case is presented for

allocation at a meeting, the cases are presented together. Only after all cases are presented are social workers given the choice of cases.

By contrast to the rather bureaucratic nature of other areas of office work, the transfer of cases from the intake team to the patches is characterised by the absence of any guidelines as to how these cases should be allocated. Rather, each patch has established with the intake team a different working agreement as to when and how cases are transferred. These working agreements reflect patch workers' concern for the quality of social work delivery to individual clients. The agreement is not viewed as part of the office's response to the referral pressures on the office's 'front door'. (See Chapter 3 for a detailed discussion of these two work perspectives.)

Accordingly, the transfer of a case from the intake team to a patch implies a change in the way the case is understood. Whereas the intake team's main concern is the management of the referral pressures on the office's 'front door', the patches' concern is the provision of social work assistance to individual clients on a one-to-one, social worker/client basis. More specifically, when certain client case types are transferred from the intake team to the patches, the understandings of these cases are reconstructed to correspond with the receiving units' work perspectives. In other words, cases do not change but the understandings of cases are changed.

Given that elderly and NFA referrals make up more than 80% of referrals to the office, and considering that only one of the NFA and none of the elderly referrals observed were offered continued social work contact with a patch worker, the management of the large number

of referrals to the area office would seem to be the organisational responsibility of the intake team. For the overall functioning of the area office, this division of responsibility is functional in that NFA and elderly cases are filtered out of the pool of cases transferred to the patches. In other words, this 'gap' serves as an impediment to the transfer of these case types - cases that are considered chronic, unchanging and therefore not amenable to social work assistance. Summing up the tensions inherent in these two work perspectives, the Metropolitan area officer stated:

> "If we take away NFA and hostel residents we would remove a lot of the pressures on the area office. In 1979, for example, we had 2,779 referrals. Of these referrals, 1,089 - 40% - were either NFA or hostel residents. The (Suburban) Area Office is able to do the 'nice' things but we are not able to do the same because of the barrage of cases downstairs".

The patch allocation staff meetings represent the nexus of these two work perspectives. Although NFA and elderly referrals are rarely transferred from the intake team to the patches (illustrating how effective the 'gap' is as an impediment to the transfer of chronic cases), when such a case is transferred, the tensions between the different work perspectives becomes public. Summing up the difficulty she experienced when referring NFA or elderly cases to the patches, an intake worker stated:

> "We feel like the front door. The person's first contact with us is through the front door ... With NFA cases, there is an agreement with the patches that NFA cases are the concern of all the area office and not just the intake team. I have tried to transfer NFA cases to the patches but they always say that they have no room to take on NFA cases. This is not totally true".

Viewing the same situation from the perspective of the patches, a patch senior social worker stated:

> "There is a rota system to accept NFA referrals. In the past years I hoped that the intake team would cope with the problem ... I think the intake team views NFA as their own problem and that they are unwilling to share it. That is, they are always saying that if they had one more worker they could deal with the problem.
>
> There is also a bit of in-built reluctance for the intake team to demand help. They see it as their problem and are unwilling to farm it out among the patches. When NFA cases are referred, the response from the patches is that it is their problem and that they should deal with it".

Underlying the difficulties intake workers experience in transferring NFA and elderly cases to the patches is the discrepancy between the work perceptions of the intake team and the patches. As intake team and patch workers do not share the same work perspective, they consequently do not construct understandings of all case types in the same way. Especially with NFA referrals, intake team workers will abstract different information from the totality of each NFA referral's personal history and circumstances from the information a patch worker would extract in the same situation. More specifically, on the basis of a stereotype of people of no fixed abode, intake workers construct stereotypical understandings of NFA referrals in response to (i) the pressures created on the office's 'front door' by the large number of referrals, and (ii) the paucity of non-routine intervention possibilities available to intake team workers in their work with NFA referrals. The same stereotypical

understanding of the NFA referral constructed in the intake team cannot, however, be used by the intake team liaison worker in her presentation of a NFA case for transfer to a patch. Rather, in order to transfer such a case successfully, the intake team liaison worker must first reconstruct the intake team understanding of the case (based on the intake team work perspective) to an understanding consistent with the patches' work perspective. This point is illustrated by the one NFA case observed which was successfully transferred from the intake team to a patch.

As discussed in the previous chapter, the intake team constructed an understanding of Mary based on a stereotype of NFA referrals. She was offered continued social work contact because she deviated, by her pregnancy, from this stereotype. In comparison with the intake team's understanding of her, the successful transfer of Mary to a patch social worker is an example of a successful reconstruction of an understanding from one based on the intake team's work perspective to one based on the patch team's work perspective. The following quote from the presentation of Mary's case at a patch allocation staff meeting illustrates this point. Statements that highlight the central reconstruction changes are underlined.

> Pat (Mary's intake team social worker): "... To be honest, Mary demands a lot of time and investment. Mary has been coming to the area office for some years. Mary has 3 brothers and sisters who were in care. Mary was in care from the age of 3 to the age of 16. She tried to go home when she was 15 but that did not work out. She had been in prison and borstal - the last time for stabbing.
>
> Her boyfriend is violent. Mary is confused about him. She is 29 weeks pregnant and has no fixed place to live. I am worried as she was diagnosed by a psychiatrist at Albion Psychiatric Hospital as psychopathic with manipulative tendencies.

Mary has some thoughts about the future of the child but she dismisses any idea of adoption. The problem is how to cope with the child. She is at present unable to cope with any of the stresses of child care - and a child is stressful! The baby is in some danger.

Mary needs support with housing on a long-term basis, help with buying things for the baby and help with thinking of what to do when the child is born. A worker could consider several options in order to help Mary prepare for the birth of the baby. Also, protections are needed to be built in to protect the baby. The future of the baby has to be considered. A case conference is planned in the near future to discuss these issues.

Mary keeps in touch with me and I am torn. I am not sure if I should have kept the case on. I have a good relationship with her, but I do not see this as a case for the intake team. I also am not able to give her enough of my time. There is the possibility of a short term allocation to the intake team until the child is born but there is a lot of work that needs to be done once the baby is born. Birth is a time of change. Mary needs, at the time of birth, a lot of contact with someone she could develop a trust relationship with".

Jim (patch social worker): "Mary should not be allocated to a male social worker. She needs another female to discuss and communicate with".

Pat: "There are definite possibilities for having a relationship with Mary. A social worker can work with her. She needs to be allocated as soon as possible. I am getting involved with her and it will not be easy to separate from her soon".

Ann (intake team liaison social worker): "It could be an interesting case".

Jenny (patch social worker): "There are a lot of ifs. It is not clear what will happen after the birth".

The intake team and patch workers' reconstruction of Mary de-stereotyped the intake team's understanding of her (although the reason for the offer of continued patch work assistance remained her pregnancy). As organisations maintain strains towards consistency

between the ways they understand and change raw materials (clients), the de-stereotyping of the intake team's understanding of Mary was necessary in order to realign the understanding with the patch work perspective. Mary did not change. The understanding of Mary was changed.

The intake team's understanding of Mary was changed in two ways. (i) Mary's understanding was reconstructed on the basis of individualised, non-transferable, non-routine information. Statements such as "Mary is confused about him" and "She was diagnosed ... as psychopathic with manipulative tendencies" created a revised understanding of Mary based on information about her internal, psycho-emotional dynamics. Implied in this reconstruction was a reassessment as to what type of assistance would be appropriate for Mary's needs. Basing their view on a stereotype of NFA referrals, intake workers interpreted Mary's behaviour as 'proof' of her chronic, unchanging NFA behaviour which was amenable only to instrumental social work assistance. Based on de-stereotyped information, patch and liaison workers interpreted the same behaviour as symptomatic of her 'deep' emotional problems which was amenable to non-routine, non-instrumental social work assistance. It is of course possible that these revised statements reflected Pat's genuine belief regarding Mary. However, these descriptions must be seen in the context of the same worker's previous descriptions of Mary as a chronic referral. The changes represent a remarkable shift in the way Mary was understood (Chapter 4).

To clarify this point further, it is useful to consider alternative presentation options that were theoretically available

to the liaison social worker. She could have stated that "Mary is a manipulative psychopath" (a description congruent with the intake team work perspective). Comparing this option to the de-stereotyped description of Mary as "psychopathic with manipulative tendencies", the liaison worker's use of these terms as adjectives and not as nouns, transformed the intake team's understanding and directed the meeting's participants' attention to Mary's internal psycho-emotional dynamics.

(ii) In order to maintain the organisational strain between the reconstructed understanding and the patch work perspective, the understanding of Mary was reconstructed in a way that was consistent with the patch work perspective of personal service delivery to individual clients. This is illustrated by statements made by the liaison worker that focused the meeting's participants' attention on the emotional, interpersonal working relationship that had been established with Mary. At different times in the meeting, the liaison worker stated that "I am torn" and "There are definite possibilities to have a relationship with Mary. A social worker could work with her". These statements about the quality of work necessary to help Mary described a working relationship congruent with the patch's work perspective, but not with the intake team's work perspective.

This point is further illustrated by a patch worker's response to the liaison worker's presentation, in which he said "Mary needs another female to discuss and communicate with". All three statements implied that the appropriate intervention to offer Mary was one of intensive social work assistance based on personal service delivery.

The successful transfer (and successful understanding reconstruction) was publicly communicated when a patch worker stated that "Mary needs another female to discuss and communicate with".

The meeting of patch staff at which cases are allocated is one of several planned, public discussions in which client understandings are constructed and reconstructed. The sum total of these understanding constructions is the area office's vocabulary of referral and client understandings. As will be shown later in this chapter, client understanding construction follows established work routines. This implies that alternative understanding options do not appear (and are therefore not used) in the office's vocabulary of understandings. Because of the strain to maintain a consistent relationship between understandings and technology (social work assistance), workers 'withdraw' from the available stock of construction options those that are consistent with the work options available, thereby providing 'appropriate' social work assistance.

Mary was successfully transferred, as both the intake team and the patches' understandings of her were legitimate understandings as they appear in the area office's vocabulary. Though significantly different in content, the intake team's understanding was consistent with the intake team's work perspective and the patches' understanding was congruent with the patches work perspective. As a result, the same workers recognised both types of understanding as legitimate although they differed, or even conflicted, in terms of their content. In this way, workers manage and make sense of the large and varied amount of information they generate about cases.

The office's vocabulary of understandings is a circumscribed vocabulary, as alternative construction options are excluded. To clarify this point, it is helpful to consider what would have happened if a non-legitimate understanding of Mary had been used in the allocation staff meeting. For example, Mary's worker could have constructed an explanation of Mary's behaviour in terms of the unequal distribution of opportunities (3) and resources (4) in Albion as it affected all the single homeless in the city. If Mary had been presented in this way, it is doubtful that she would have been successfully allocated to a patch social worker. The reason for this is that the Metropolitan Office's vocabulary of understandings in particular, and other area offices in general, is limited to understandings that are usable within the framework of the office's different work perspectives. (The operationalisability of an understanding, however, varies between the office's different work perspectives.) As shown earlier, an area office's technology, to a significant extent, determines how referrals and clients (raw material) are understood.

In the light of this analysis, there is strong evidence that: (i) patch allocation meetings are structural 'shock absorbers' - that in addition to protecting the patch against the pressures created by the sheer number of referrals on the office's 'front door', they also prevent the "pollution" of the patches' own vocabulary of understandings (i.e. the prevention of alternative, or conflicting definitions from becoming part of the area office's vocabulary) and (ii) taking into account the contrast between the two area offices, the more varied an office's work perspectives, the more the office

requires formal, public discussion forums in which to construct and reconstruct understandings of referrals and clients as they are moved through the office's different organisational units.

Case Allocation - Suburban Area Office

For several reasons, case transfer from the duty system to the sub-teams in the Suburban Office differs from case transfer from the intake team to the patches in the Metropolitan Office. In the first place, as duty workers view duty work as a small part of their overall work remit as sub-team social workers, they view duty work basically as an extension of and secondary to their work as sub-team workers. As analysed in Chapters 3 and 4, duty workers' decisions to offer (or not offer) referrals continued social work contact are based on non-case type considerations (such as a worker's professional interests). In other words, Suburban Office social workers construct similar understandings of referrals and clients in both of their dual functions as duty system and sub-team workers.

Secondly, as the referral rate in the Suburban Area Office is one-third to one-half the referral rate in the Metropolitan Area Office, there is less absolute pressure of numbers on social workers' time. As a result, there is less pressure in the Suburban Office's different organisational units to construct understandings of referrals and clients in different ways in order to manage the office's work load pressures. In other words, the understandings of referrals constructed in the duty system (by sub-team workers temporarily working in the duty system) are more likely to reflect the sub-team work perspective and are, therefore, more easily transferred to and used

within the sub-team.

The procedure for transferring cases from the duty system to the sub-teams is less public than in the Metropolitan Office. Formally the decision to transfer a case to a sub-team is a joint decision between the duty social worker and the duty senior social worker. However, in a majority of the cases observed, the joint decision meetings were either perfunctory or did not take place at all. In a majority of cases the duty social worker forwarded the day's intake form write-ups to the duty senior social worker for his signature.

> "As a duty senior social worker, at the end of the day I just sign the intake forms. I really do not know what I am signing".

Unless the case is an 'exceptional' one (as in the case of Mr and Mrs Smith), the decision to forward a referral to the geographically appropriate sub-team is primarily the decision of the duty social worker.

By contrast with the Metropolitan Office, the sub-team senior social worker is the only person who presents cases for allocation at allocation staff meetings. There are no liaison workers. Unless the duty social worker is also a member of the same sub-team to which a case is transferred for allocation, the allocation discussion is based entirely on information coded in the intake form write-ups and, in the case of a referral previously known to the area office, from case file notes. Although each sub-team has several non-allocation options (such as putting a case in pending), the relative simplicity of the transfer procedure is due to the similarity between the way

duty social workers construct understandings of referrals and the work perspective of the sub-teams.

Because of this similarity, the Suburban Office's vocabulary of referral and client understandings is less varied and numerically smaller than the vocabulary of understandings used in the Metropolitan Office. Compared to the Metropolitan Office's different organisational work perspectives, the Suburban Office's workers share one work perspective.

This similarity in work perspectives is accounted for in two ways: (i) As mentioned earlier, social work manpower for duty system work, as well as other work responsibilities not specifically related to the sub-team, is drawn from sub-team social work staff. As long as work responsibilities outside the sub-teams themselves are viewed as an extention to sub-team work, social workers tend to interpret this work in the light of their primary professional identification as sub-team social workers. As a result, there is more of a likelihood of similarity than difference in the work perspectives of the different work tasks performed by the same social workers. This is illustrated by a quote from a social worker describing the way she viewed duty system work.

> "I know the first meeting (duty interview with a referral) is very important, but I also know the situation in the sub-teams".

(ii) As discussed earlier, the referral rate in the Suburban Office is one-third to one-half the rate in the Metropolitan Office. Because of this, the duty system is under less pressure to construct

stereotypical understandings of referrals in order to justify working in a routine manner with a large number of referrals. Though referrals of all case types are closed as part of duty system work (and not transferred to the sub-teams for allocation), non-routine intervention options are legitimately available in the sub-teams for referrals of all case types for whom the duty social worker constructs a non-routine understanding.

Summary - Case Allocation in the Metropolitan and Suburban Area Offices

Public discussion forums are the bureaucratic settings in which constructed and reconstructed understandings of referrals and clients are legitimised and sustained. The movement of a case through these bureaucratic decision points in both area offices is characterised by the relatively public nature of area office work associated with the 'making of a client' as compared with the relatively private nature of work associated with the closing of a case.

In terms of their content, however, these discussion forums vary considerably between the two offices. The Metropolitan Office has developed a complex and varied vocabulary of referral and client understandings in response to a large referral rate. This large referral rate is managed by (i) the development of different work perspectives, and (ii) the 'gap' between these work perspectives which is allowed to impede the transfer of certain cases from one unit to another. It is not accidental that all meetings in which client understandings are constructed in the Metropolitan Office are scheduled and formal. In other words, the more varied an office's vocabulary of understandings in response to the need to control

environmental pressures, the more that office's communication about cases is formal and public. (This is discussed in more detail in Chapter 6).

The Suburban Office has developed a less complex and less varied vocabulary of understandings in response to a smaller referral rate. As a result there is more similarity than difference in referral and client understanding construction in the area office's different organisational units. As there is less of a need to manage referral rate pressures, work perspective gaps are not used to prevent the transfer of cases from one unit to a second. Discussion forums are therefore less formal than in the Metropolitan Office. In other words, the less varied and the more consistent an area office's vocabulary of referral and client understandings, the less that area office's communication about cases is private and informal.

Client Management - Metropolitan and Suburban Area Offices

The following discussion of client case management in the two area offices is generally based on the same framework of analysis as the discussion of intake and duty system work patterns presented in Chapter 4. The present discussion will, however, differ in the following ways. First, the discussion of client case management in the patches and the sub-teams focuses on the comparison of work routines with similar case types: that is, elderly, mentally handicapped, etc. cases are analysed separately within both offices. The decision to change the discussion structure in this way is due to the relative similarity of client case types in both area offices. That is, the similarity between the client case types discovered in

both area offices enables one to undertake a more detailed comparative analysis than was possible with referral case types because of the dissimilarities between the types of referrals observed in the two area offices.

Second, case management techniques used in patch and sub-team work with clients are not discussed in detail unless they were used in a significantly different way from those previously discussed in relation to the case management of referral cases.

General Case Management Trends in Both Area Offices

Diagram 14 outlines numerically the types and intensity of interventions offered to clients of all case types in both area offices. Diagram 15 divides the 10 interventions listed in Diagram 14 into two categories: (i) non-instrumental, non-routine interventions (1 - 6) and (ii) instrumental, routine interventions (7 - 10). On the basis of this division, Diagram 15 delineates (i) the number of non-instrumental and instrumental interventions offered each client of a particular case type and (ii) (following the procedures described in Chapter 2) the average intensity value of the non-instrumental and instrumental interventions offered.

Diagram 14

INTERVENTIONS AND INTEGRITY VALUES OFFERED DIFFERENT CASE TYPES: MGT. and SUB. OFFICES

	[1] MGT.	[–] SUB.	[6] MGT.	[4] SUB.	[8] MGT.	[13] SUB.	[9] MGT.	[1] SUB.	[10] MGT.	[11] SUB.	[6] MGT.	[12] SUB.	[2] MGT.	[1] SUB.	[1] MGT.	[2] SUB.
INTERVENTIONS																
I: INDIVIDUAL COUNSELLING	1 (4)		1 (3)	1 (4)	2 (1)	2 (1.5)	3 (3.67)		4 (3.5)	7 (4.42)	3 (4)	5 (4)			1 (4)	1 (4)
II: RELATIONSHIP COUNSELLING	1 (4)		4 (1)	2 (4)		2 (4)	4 (3.5)		4 (3.75)	5 (4)	4 (4)	3 (3.6)			1 (4)	2 (4)
III: CRISIS INTERVENTION: THERAPEUTIC	1 (4)		1 (4)	3 (4)			2 (4)		5 (3.8)	3 (4)	2 (4)	3 (4)			1 (4)	2 (4)
IV: MAINTENANCE THERAPEUTIC	1 (4)					4 (4.25)	2 (4)		6 (3.83)	7 (3.86)	2 (2.5)	2 (3)				
V: MAINTAINING CONTACT: THERAPEUTIC	1 (4)		1 (4)	2 (4)		2 (3.5)	4 (3.75)		5 (2.8)	2 (4)	3 (4)	3 (4)				
VI: ASSESSMENT: PSYCHO/EMOTIONAL	1 (4)			1 (4)			2 (2)		7 (3.43)	3 (4)	4 (2.5)	3 (4)	2 (4)	1 (4)		2 (4)
VII: CRISIS INTERVENTION: INSTRUMENTAL	1 (4)		1 (3)	1 (1)	1 (4)	1 (3)	1 (2)					4 (3.25)				
VIII: MAINTENANCE: INSTRUMENTAL	1 (4)		3 (3.67)	2 (1)	4 (4)	11 (3.36)	3 (2)		2 (2)	3 (1)	3 (1)	8 (2)			1 (1)	2 (4)
IX: MAINTAINING CONTACT: INSTRUMENTAL	1 (4)		4 (3.5)	2 (4.5)	8 (3.63)	3 (4.33)	3 (1.67)	1 (5)								
X: ASSESSMENT: INSTRUMENTAL			1 (0)				1 (3)			2 (2.5)		3 (1)	2 (4)	1 (4)		1 (4)
	NFA: SINGLE-HOMELESS		MENTALLY HANDICAPPED		ELDERLY		PROBATION / PAROLE		CHILDREN		FAMILY		FOSTER / ADOPTION		NMI	

(NUMBER OF CASES IN EACH CASE TYPE)

DIAGRAM 15

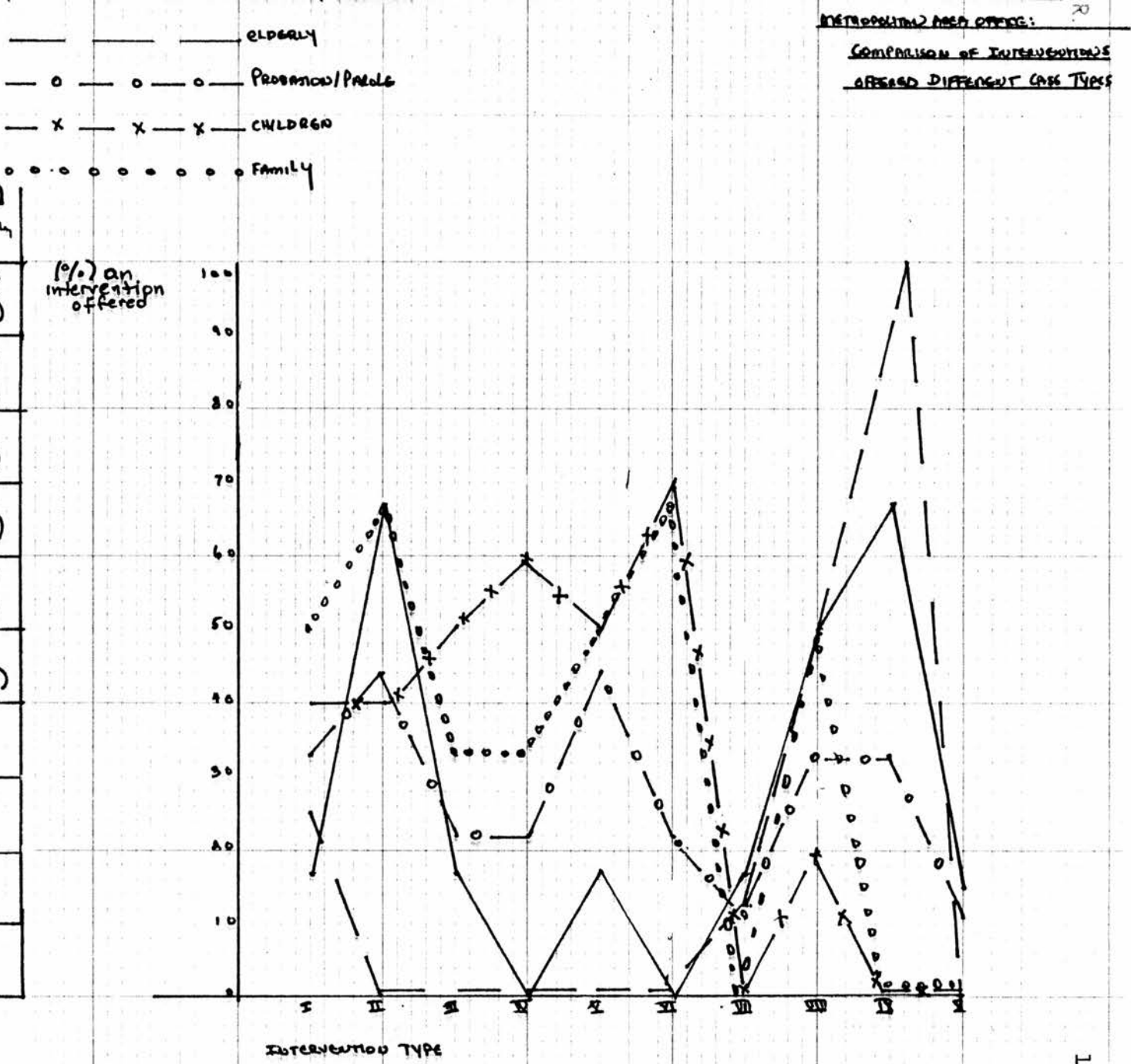
	Elderly		Mentally handicapped		Child		Family		Probation, parole	
	Met.	Sub.	Met.	Sub.	Met.	Sub.	Met.	Sub.	Met.	Sub.
Offer of non-instrumental interventions per client	0.25	0.77	1.17	2.25	3.10	2.45	3.00	1.58	1.89	-
Average intensity value	(1.0)	(3.5)	(2.14)	(4.0)	(3.5)	(4.7)	(3.5)	(3.8)	(3.5)	-
Offer of instrumental interventions per client	1.63	1.15	1.50	1.25	0.20	0.45	0.50	1.25	0.89	-
Average intensity value	(3.77)	(3.5)	(3.3)	(2.2)	(2.0)	(1.2)	(2.0)	(2.1)	(2.0)	-

Diagrams 16 and 17 numerically and graphically illustrate the types and intensity of interventions offered different client case types in the two area offices.

The use of these diagrams must be qualified. On the basis of the information presented in Diagrams 14 - 17 it is possible to discuss the general trends of client case management in both area offices. Due to the general nature of this information, discussion is limited to a macro-discussion of intervention trends. For example, Diagrams 14 - 17 are not sensitive to the ways interventions are used together in individual cases. Therefore, the interpretation of these diagrams will consider only the theoretical possibilities as to the ways interventions cluster with individual clients. The primary purpose of this presentation is to serve as a background for the later detailed analysis of client management.

COMPARISON OF INTERVENTIONS OFFERED DIFFERENT CASE TYPES

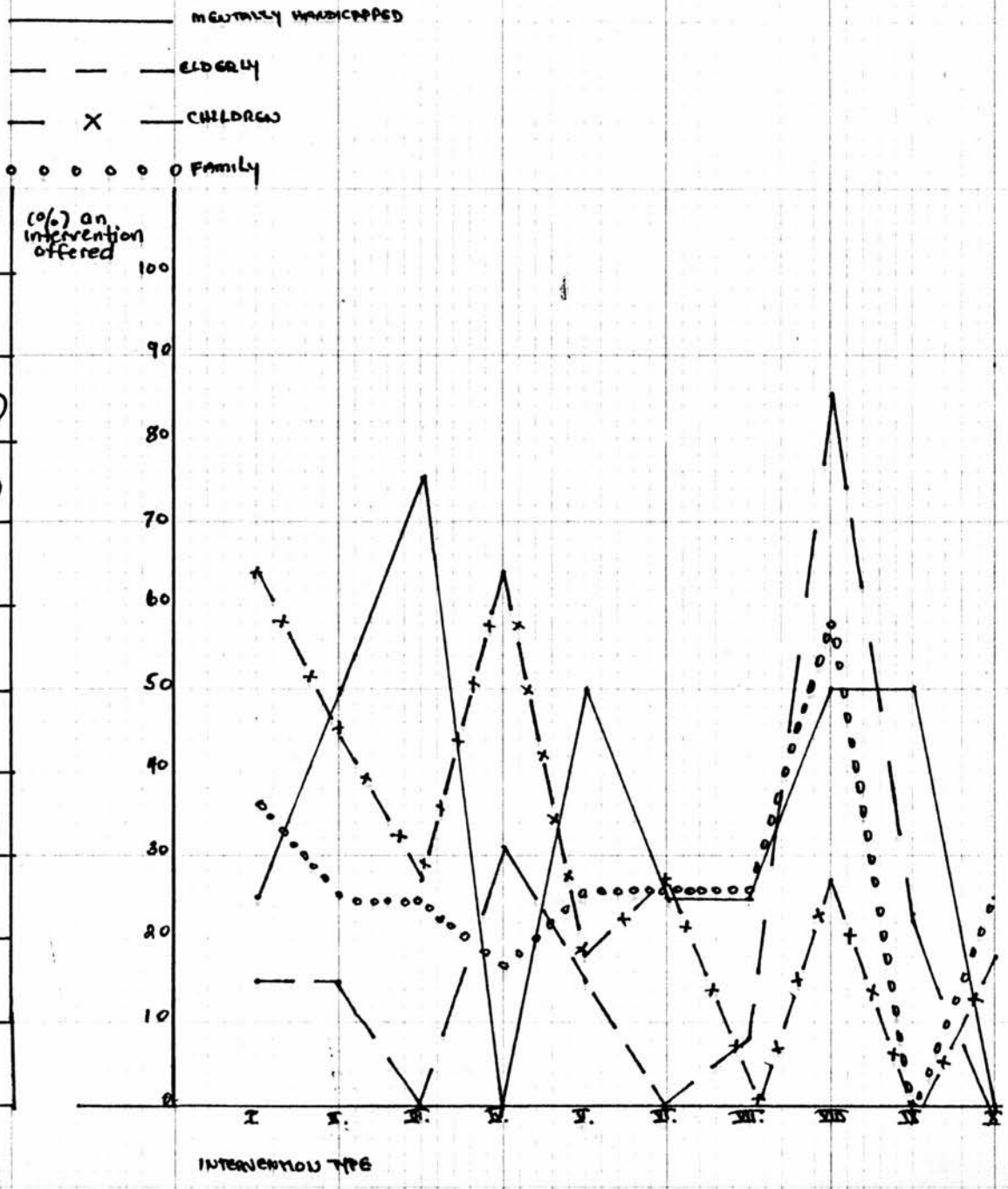
TOTAL NUMBER OF CASES	[7] MENTALLY HANDICAPPED	[8] ELDERLY	[9] PROBATION/ PAROLE	[10] CHILDREN	[6] FAMILY
I. INDIVIDUAL COUNSELLING	.17 (3)		.33 (3.67)	.40 (3.5)	.50 (4)
II. RELATIONSHIP COUNSELLING	.67 (1)	.25 (1)	.44 (3.5)	.40 (3.75)	.67 (4)
III. CRISIS INTERVENTION: THERAPEUTIC	.17 (3)		.22 (4)	.50 (3.8)	.33 (4)
IV. MAINTENANCE: THERAPEUTIC			.22 (4)	.60 (3.84)	.33 (2.5)
V. MAINTAINING CONTACT: THERAPEUTIC	.17 (3)		.44 (3.75)	.50 (2.8)	.50 (4)
VI. ASSESSMENT: PSYCHO/EMOTIONAL			.22 (2)	.70 (3.43)	.67 (2.5)
VII. CRISIS INTERVENTION: INSTRUMENTAL	.17 (3)	.13 (4)	.11 (2)		
VIII. MAINTENANCE: INSTRUMENTAL	.50 (3.67)	.50 (4)	.33 (2)	.20 (2)	.50 (1)
IX. MAINTAINING CONTACT: INSTRUMENTAL	.67 (3.5)	1.00 (3.63)	.33 (1.67)		
X. ASSESSMENT: INSTRUMENTAL	.17 (2)		.11 (3)		



SUBURBAN AREA OFFICE:

COMPARISON OF INTERVENTIONS OFFERED DIFFERENT CASE TYPES

TOTAL NUMBER OF CASES	[4] MENTALLY HANDICAPPED	[18] ELDERLY	[11] CHILDREN	[12] FAMILY
I. INDIVIDUAL COUNSELLING	.25 (4)	.15 (1.5)	.64 (4.42)	.36 (4)
II. RELATIONSHIP COUNSELLING	.50 (4)	.15 (4)	.45 (4)	.25 (3.87)
III. CRISIS INTERVENTION: THERAPEUTIC	.75 (4)		.27 (4)	.25 (3.67)
IV. MAINTENANCE: THERAPEUTIC		.31 (4.35)	.64 (3.86)	.17 (3)
V. MAINTAINING CONTACT: THERAPEUTIC	.50 (4)	.15 (3.5)	.18 (4)	.25 (4)
VI. ASSESSMENT: PSYCHO/EMOTIONAL	.25 (4)		.27 (4)	.25 (4)
VII. CRISIS INTERVENTION: INSTRUMENTAL	.25 (1)	.08 (3)		.25 (3.25)
VIII. MAINTENANCE: INSTRUMENTAL	.50 (1)	.85 (3.36)	.27 (1)	.58 (2)
IX. MAINTAINING CONTACT: INSTRUMENTAL	.50 (4.5)	.23 (4.33)		
X. ASSESSMENT: INSTRUMENTAL			.18 (2.5)	.25 (1)



General Intervention Trends in the Metropolitan Office

The analysis of the possible ways interventions cluster together in work with individual clients in the Metropolitan Office (Diagram 15) shows that elderly clients were offered a minimum of non-instrumental interventions (average of .25 per client) with low intensity values (average 1) and a comparatively large number of instrumental interventions (average of 1.63 per client) with high intensity values (average 3.77). The offer of a significantly large number of instrumental interventions with high intensity values in conjunction with the general exclusion of an offer of non-instrumental interventions suggests that patch workers share a work routine with elderly clients.

Mentally handicapped clients were offered a similar number of non-instrumental interventions (average of 1.17 per client) and instrumental interventions (average of 1.5 per client). However, non-instrumental interventions were offered with low intensity values (average of 2.14) whereas instrumental interventions were offered with high intensity values (average of 3.33). There is more than one way to account for this pattern of intervention distribution because (i) a similar number of instrumental and non-instrumental interventions were offered and (ii) at least one, and possibly two, clients were offered non-instrumental interventions with high intensity (against the trend indicated by Diagram 14). If both types of interventions are distributed amongst the sample, and if the non-instrumental interventions with high intensity values were offered to more than one client, then one possibility to account for the interventions offered mentally handicapped clients is that workers

construct understandings of and work with these clients on the basis of non-case type considerations. In this event, patch workers do not share a common work routine with mentally handicapped clients. If the non-instrumental interventions cluster with one client, a second possibility would be that patch work with mentally handicapped clients is a mixture of different work patterns. It is possible that patch workers on the one hand share a common work routine but also offer particular types of interventions on the basis of non-case type considerations. In other words, though patch workers construct understandings of and work with mentally handicapped clients on the basis of a shared work pattern, they may also have the option to construct understandings of mentally handicapped clients on the basis of non-case type considerations.

Child and family clients were offered a large number of non-instrumental interventions (average of 3.1 and 3.0 per client respectively) with high intensity values (average of 3.52 and 3.5 respectively) and a significantly smaller number of instrumental interventions (averages of .2 and .5 per client respectively) with low intensity values (average of 2.0 in either case). Similar to the possible work pattern with elderly referrals, the offer of a significantly larger number of non-instrumental interventions in conjunction with the general exclusion of instrumental interventions suggests that patch workers share a work pattern with child and family clients.

Offender clients were offered a larger number of non-instrumental interventions (average of 1.89 per client) than instrumental interventions (average of .89 per client). However, non-instrumental

interventions were offered with high intensity values (average of 3.53) whereas instrumental interventions were offered with low intensity values (average 2.0). As with mentally handicapped clients, there is more than one way to account for this pattern of intervention distribution because at least one client, and possibly more, were offered combinations of instrumental and non-instrumental interventions with high intensity values (even though more clients were offered instrumental intervention with low intensity values - Diagram 14). If both types of interventions are distributed relatively evenly amongst the sample, and if the instrumental interventions with high intensity values were offered to more than one client, then one possibility to account for the interventions offered offender clients is that workers construct understandings of and work with these clients on the basis of non-case type considerations. In this event, patch workers do not share a common work routine with offender clients. If the instrumental interventions with high intensity values are clustered together in only one or two cases, a second possibility is that patch work with offender clients is a mixture of different work patterns. It is possible that patch workers on the one hand share a common work routine but also offer particular types of interventions on the basis of non-case type considerations. In other words, though patch workers construct understandings on the basis of a shared work pattern, they may also have the option to construct understandings of offender clients on the basis of non-case type considerations. (The analysis of offender clients is not presented in detail in the following discussions. The reason for this is that offender clients were not observed in the Suburban Office as that

office rarely receives such referrals. For this reason it was impossible to compare this case type in both offices. However, when the analysis of offender clients seems to illuminate aspects of office work routines with other clients in the Metropolitan Office, the relevant part of the analysis is presented.)

General Intervention Trends in the Suburban Area Office

The analysis of intervention trends in the Suburban Office shows that elderly clients were offered a slightly larger number of instrumental interventions (average of 1.15 per client) than non-instrumental interventions (average of .77). However, both types of interventions were offered with similar intensity values (averages of 3.53 and 3.5 respectively). There is more than one way to account for this pattern of intervention distribution because (i) a similar number of both types of interventions was offered and (ii) at least two, and possibly more, elderly clients were offered two or more non-instrumental interventions with high intensity values (Diagram 14). Although the less likely of the two possibilities, if the non-instrumental interventions cluster together in only two cases (in a sample of 13 cases), there is the possibility that sub-team work with elderly clients is a mixture of different work routines. It is possible that sub-team workers on the one hand share a common work routine but also offer particular types of interventions on the basis of non-case type considerations. In other words, though sub-team workers construct understandings of and work with elderly clients on the basis of a shared work routine, they may also have the option to work with elderly clients on the basis of non-case type considerations.

The more likely of the possibilities is that non-instrumental interventions with high intensity values were distributed amongst most of the sample. If this were so, one might infer that sub-team workers construct understandings of and work with elderly clients on the basis of non-case type considerations. This would further indicate that sub-team workers do not share a common work pattern with this client case type.

Mentally handicapped clients were offered a larger number of non-instrumental interventions (average of 2.25 per client) with high intensity values (average 4) than instrumental interventions (average of 1.3 per client) with low intensity values (average 2.2). As with elderly clients in the Suburban Office, there is more than one way to account for this pattern of intervention distribution because (i) a relatively large number of instrumental interventions were offered per client (in comparison to other case types) and (ii) at least two, and possibly more, mentally handicapped clients were offered combinations of instrumental interventions (Diagram 14). For these reasons, the same two possible ways of accounting for the distribution of different types of intervention with elderly clients in the Suburban Office could also be used to explain the ways in which the mentally handicapped clients in the same office are dealt with.

As in the Metropolitan Office, child clients were offered a large number of non-instrumental interventions (average of 2.45 per client) with high intensity values (average 4.07) and a significantly smaller number of instrumental interventions (average of .45 per client) with low intensity values (average 1.2). The large number of non-instrumental interventions offered with high intensity values in

conjunction with the general exclusion of instrumental interventions suggests that sub-team social workers share a common work pattern in dealing with child clients.

Family clients were offered a similar number of non-instrumental interventions (average of 1.58 per client) and instrumental interventions (average of 1.25 per client). However, non-instrumental interventions were offered with high intensity values (average 3.84) whereas instrumental interventions were offered with low intensity values (average 2.13). As with elderly and mentally handicapped clients in the Suburban Office, there is more than one way to account for this pattern of intervention distribution because (i) a similar number of non-instrumental and instrumental interventions were offered and (ii) at least four, and possibly more family clients were offered combinations of instrumental interventions with high intensity values (out of a sample of 12). For these reasons, the same two possible ways of accounting for the way in which interventions are distributed among elderly and mentally handicapped clients in the Suburban Office may also be regarded as applicable to family clients in the same office.

Elderly

Diagram 18 compares the interventions offered elderly clients in both area offices.

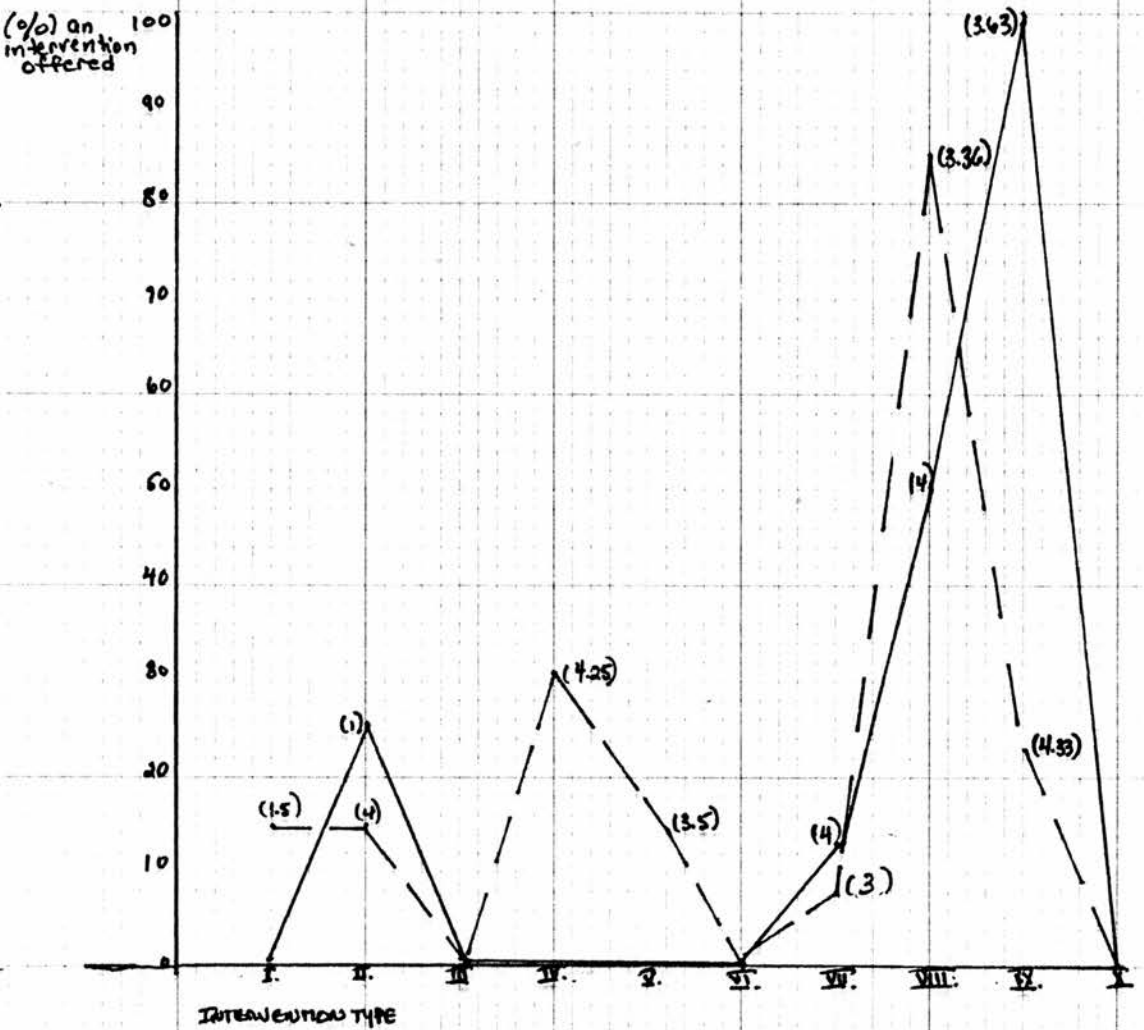
ELDERLY

MET. TO SUB.

COMPARISON OF

INTERVENTIONS OFFERED

TOTAL NUMBER OF CASES	[8] MET.	[13] SUB.	MET.	SUB.
I: INDIVIDUAL COUNSELLING		2		.15 (1.5)
II: RELATIONSHIP COUNSELLING	2	2	.25 (1)	.15 (4)
III: CRISIS INTERVENTION: THERAPEUTIC				
IV: MAINTENANCE: THERAPEUTIC		4		.31 (4.25)
V: MAINTAINING CONTACT: THERAPEUTIC		2		.15 (3.5)
VI: ASSESSMENT: PSYCHO/EMOTIONAL				
VII: CRISIS INTERVENTION: INSTRUMENTAL	1	1	.13 (4)	.08 (3)
VIII: MAINTENANCE: INSTRUMENTAL	4	11	.50 (4)	.85 (3.36)
IX: MAINTAINING CONTACT: INSTRUMENTAL	8	3	1.00 (3.63)	.23 (4.33)
X: ASSESSMENT: INSTRUMENTAL				



In the Metropolitan Office, elderly clients were offered significantly more instrumental than non-instrumental interventions. In the case where a non-instrumental intervention was offered, it was offered with low intensity values only (1). In the Suburban Office, although elderly clients were offered a larger number of instrumental than non-instrumental interventions, the difference was not that large. In addition at least two, and possibly more, elderly clients were offered two or more non-instrumental interventions with high intensity values.

In order to analyse these similarities and differences in patch and sub-team work with elderly clients, the following discussion is divided into two parts: firstly, the analysis of the data of those elderly clients who were offered at least one non-instrumental intervention; and secondly, the analysis of those elderly clients offered instrumental interventions with no additional offer of non-instrumental intervention.

Metropolitan Office - Patch Work with Elderly Clients

Of the 8 elderly clients observed in the Metropolitan Area Office, 2 (25%) were offered one non-instrumental intervention with a low intensity value, in conjunction with a cluster of instrumental interventions with high intensity values. This pattern suggests that when a non-instrumental intervention was offered, it was not considered a central component in the patch team's work with elderly clients.

In the first example of an elderly client offered a non-instrumental intervention, the intervention was offered once and not repeated. The intervention was help to arrange a visit for an

elderly woman to visit her son in hospital.

> "I arranged for Maureen to visit her son. She has not seen him for many years, since he was hospitalised in _____ Psychiatric Hospital".

Although the reasons for the offer of this intervention are not totally clear, Maureen's social worker described the visit in terms of the embarrassment Maureen's behaviour caused her family. The juxtaposing of these two descriptions of Maureen suggests that the worker viewed the visit as in some way ameliorating the embarrassment Maureen's behaviour caused her family. In other words, the offer of the non-instrumental intervention was made indirectly to Maureen's family and not to Maureen. The worker did not view the visit in terms of its providing Maureen with non-instrumental help with her psycho-emotional problems.

> "I arranged for Maureen to visit her son. She has not seen him for many years, since he was hospitalised in _____ Psychiatric Hospital. She has a good relationship with her family. Her son James is respectable and if anyone saw him they would not see in him that he comes from this sort of background. Maureen's daughter is ashamed of the way her mother lives".

This non-instrumental intervention was offered in conjunction with a combination (cluster) of instrumental interventions with high intensity values. Underlying the offer of instrumental interventions with high intensity values was Maureen's social worker's use of routinising case management techniques that limited the introduction of non-routine information in interviews with or discussion about Maureen.

> "She has a drink problem. She lives in poor conditions in a rundown area of the city. She neglects herself and her health when she is drunk. Periodically she becomes mentally confused ... She was once admitted to _____ Old Folks' Home but she signed herself out immediately. It is a problem supporting her. She is not willing to consider Part IV but she lives in appalling conditions. She does not want to change".

The offer of this combination of instrumental interventions is based on a stereotypical understanding of Maureen and her needs - the same stereotype of elderly referrals used in the intake team. That is, Maureen's worker constructed an understanding of her as an elderly person at risk, or possible risk, to her physical well-being.

The use of a stereotype of elderly clients accounts for 'how' Maureen's worker constructed an understanding of her. It is, however, the worker's last statement that Maureen "does not want to change" that provides her with a rationalisation for not pursuing alternative non-routinising search options or simultaneously offering Maureen additional non-instrumental, non-routine interventions. The use of stereotypes to construct routine understandings of elderly referrals and clients is based on the rationalisation that elderly people "do not want to change" or do not have the potential to change.

In the second case example of an elderly client offered a non-instrumental intervention with a low intensity value, the intervention offered was temporary emotional support to an elderly woman's daughter while arrangements were made to move her mother into an old folks' home. Of special note is the fact that the non-instrumental intervention was not offered to the elderly woman but to

a "significant other" in the life of the elderly woman.

> "The youngest daughter does most of the caring for her mother, Mrs Donaldson. The two other daughters have problems of their own. They are not able to help. The youngest daughter visits her mother the most, but she has her own problems. She is sick. There are a lot of pressures on her. She is physically and mentally deteriorating ... To help her with these pressures I keep in contact to let her know what is happening with her mother's Part IV application".

The offer of a combination of instrumental interventions with high intensity values to Mrs Donaldson is based on a constructed understanding of her as an elderly woman at risk to her physical well-being. With the exception of her work with the daughter, the social worker used routinising case management techniques in her work with Mrs Donaldson. This is illustrated in a quote by the worker, describing Mrs Donaldson. The social worker limited the descriptions of Mrs Donaldson to information about her instrumental functioning to the exclusion of non-routine information about her personal history and circumstances.

> "Mrs Donaldson is 74 or 75. She lives alone in a small flat. She uses only one room, as her bedroom is damp. She is a widow. She had worked as a cleaner until the age of 60 or 65. She has three married daughters.
>
> She had a stroke several years ago. Her doctor describes her as having arteriosclerosis. She is physically frail. She is confused most of the time. She locks herself out of the house ... She does not answer the door. At the beginning of August her GP became concerned about her. He contacted us but there is no place for her in Part IV. My application was turned down several times".

The congruence of the relationship between the way the worker constructed an understanding of Mrs Donaldson and the interventions she offered her was maintained when the social worker offered Mrs Donaldson a combination of instrumental interventions intended to protect her from risk to her physical well-being.

> "The problem is to get Mrs Donaldson into a geriatric ward in an old folks' home. The main problem is the shortage of places available".

As in the examples of the two elderly clients who were each offered a single non-instrumental intervention of low intensity, the understandings of the six elderly clients offered only instrumental interventions were constructed on the basis of the social workers' use of routinising case management techniques. As a result, the information introduced in interviews with or discussions about these elderly clients was limited to information about their ability (or lack of ability) to function in their daily lives. In those instances where non-routine information was introduced, it was limited to information about 'significant others' in the life of the elderly client regarding the extent to which they experienced emotional difficulties as a result of their concern about the potential risk to the elderly person's physical well-being. Accordingly, if a non-routine, non-instrumental intervention was offered it was offered to this 'significant other'. That there were no exceptions to this work pattern illustrates further the work rationalisation first observed in the case of Maureen - work with elderly clients is limited to instrumental interventions as elderly people are seen as being neither

desirous nor capable of change, and therefore amenable only to instrumental social work assistance.

The following examples illustrate these points. Of special note are (i) the absence of any non-routine information included in the constructed understandings and (ii) the congruence between the constructed understandings and the interventions offered.

> "Mr Brown (Chapter 4) is still in the hospital. We do not know how long he will remain in the hospital. The hospital social worker wants to see his flat to assess if it can be made more comfortable for him. The occupational therapist is assessing whether Mr Brown is capable of taking care of himself"

and

> "Andrew is in his 70s. He lives in a room-kitchen. He has no bathroom ... He is at risk over the winter months. Last year his GP and his neighbours were concerned that he was suffering from hypothermia. I went there and I had to get the police to break down the door... While he was recuperating in the hospital I tried to get the flat in viable condition. Intervention was needed to get him new furniture. The most difficult decision was to throw away some of the furniture he did have"

and

> "I did a Part IV. Margaret lives in a 2-apartment flat on the first floor ... She gets along in the flat only with difficulty. She is able to get down the stairs only with difficulty. She rarely leaves the flat"
>
> "Before I got involved, the intake team had been in contact with her and had arranged for community resources to see if she could survive without Part IV. She was referred to us (the patch) as she is at risk as she leaves pots on the cooker and burns herself. I keep monitoring the case until a place becomes available for her in Part IV. I took the case on the remit to follow it through Part IV".

Suburban Office Sub-team Work with Elderly Clients

Of the 13 elderly clients observed in the Suburban Office, 8 were offered one or a combination of non-instrumental interventions with a mixture of high and low intensity values in conjunction with one, or a combination of, instrumental interventions with high intensity values. More specifically, excluding the offer of intervention 1 ("individual counselling"), all of the non-instrumental interventions were offered with high intensity values. In other words, both non-instrumental and instrumental interventions were considered by sub-team workers to be important components in their work with elderly clients.

For the 5 (38%) elderly clients offered instrumental to the exclusion of non-instrumental interventions, understanding construction of their cases by social workers was similar to understanding construction of elderly clients in the Metropolitan Office. That is, understandings of these 5 elderly clients were constructed on the basis of a stereotype of elderly people at risk to their physical well-being.

> "The case is a short one. Steven is an old man who lives around the corner from the area office. He is about 70 years old. Christmas last year his flat was flooded from a burst water pipe. The case went to the duty social worker. The flat was in an incredible condition. It was like stepping into the nineteenth century. He had no electricity, everything was covered in dust ... He was just not taking care of himself".

In order to maintain consistency with this understanding, the intervention offered Steven was a combination of instrumental interventions to help him cope with instrumental tasks in his daily life.

> "From Christmas to New Year I arranged for coal to be delivered and for him to eat with his neighbours upstairs ... It is obvious that the landlord wants him out. I talked with Steven about other forms of housing ..."

Understanding construction of elderly client cases offered non-instrumental interventions is more complex for several reasons. First, although the non-instrumental interventions were offered with high intensity values, without exception they were offered in conjunction with an instrumental intervention, or a combination of instrumental interventions with high intensity values. More specifically, although the offer of non-instrumental interventions included one or a combination of interventions 1, 2 and 4 ("Individual counselling", "Relationship counselling" and "Maintenance : therapeutic"), without exception they appear in conjunction with instrumental intervention 8 ("Maintenance : instrumental") or a combination of instrumental interventions with intervention 8. Second, the offer of non-instrumental interventions with high intensity values in conjunction with instrumental interventions with high intensity values suggests the possibility that sub-team work with elderly clients is an area office work pattern that is different from the work patterns discussed to this point in the research.

Of the 8 (62%) elderly clients offered a combination of non-instrumental and instrumental interventions with high intensity values, understanding construction is characterised by the social worker's use of non-routinising case management techniques. However, in each case, the offer of intervention 8 was based on an understanding of the

elderly client as a person at risk to his/her physical well-being. As various combinations of non-instrumental interventions were offered only in conjunction with intervention 8, there is a strong suggestion that the primary constructed understanding of each of these cases is of an elderly person at risk to his/her physical well-being. That is, over and above this routine information, in constructing their understandings of and working with elderly clients, social workers introduced non-routine information about these clients' personal histories and circumstances. This differs considerably from the information used, to the exclusion of other types of information, by patch social workers in constructing understandings of and working with elderly clients in which such clients were construed as incapable of change and therefore as amenable only to instrumental social work assistance.

> "Initially it is a financial problem or a need for occupational therapy. They (elderly clients) need practical help. Having dealt with all that there is a need to develop community resources for this sort of a person. Not old folks' homes but new ways for deploying home help services... What is needed is a new approach to community care.
>
> I'll explain this in more detail. The presenting problem is a GP referral that an elderly person is at risk. Sometimes we have to refer the elderly person to Part IV. But I also have to think of other supports to help them remain in the community. For example, we set up the 'Sunshine Club' for the frail elderly ... The criterion for membership is that the elderly person is more or less housebound and does not have access to other clubs ... At the beginning it is a financial problem but it ends with help to participate in the club. It started slowly, but the club is now integrated and mutually supporting".

In a later discussion, the same worker (who specialises in work with elderly clients) described her interviewing techniques with elderly clients. Of special note is the worker's use of non-routinising case management techniques.

> "I break down the category of elderly clients into the elderly ill, the elderly with financial problems and the elderly isolated ... When I visit an elderly person in his home I do not just talk to them about DHSS, I try to find out about their families. They never initiate a discussion about their families. I have to ask them. I find that if I ask a question I receive a related answer. In the discussion I take the measure. At times they tell me 'I never told this to anyone but ...' If I do not suss out they would not give me the information. I could just go in and assess their finances and refer the case to DHSS and then close the case".

Non-routine understanding construction of the 8 elderly clients offered combinations of non-instrumental and instrumental interventions with high intensity values may follow one of three patterns. (i) the social worker uses non-routinising case management techniques in interviews with or discussions about the elderly client that make it possible to introduce non-routine information about the elderly person's personal history and circumstances; (ii) the social worker uses case management techniques that create the possibility of introducing non-routine information about 'significant others' in the elderly person's life, and (iii) the social worker uses non-routinising case management techniques that allow the introduction of non-routine information about the elderly person's history and circumstances <u>and</u> non-routine information about significant others in the elderly person's life.

The first of the three patterns is illustrated by the following example.

> "Mrs Spencer is 74 years old. She was widowed and now lives in a council flat. She is comfortable. She has a home help. She has one son. She has a pacemaker. She is deaf on one side.
>
> I went along to see why she had made a mistake in filling out her rent payment form for her telephone. I saw that she is isolated. Her son, who is ill, used to visit her every Sunday. He is unable to visit her so often now.
>
> No one likes to do telephone referrals and it was my turn. I went through the form filling with her. From there I got some sense that though she is comfortable, she is lonely. I saw that she has only one son. I saw that more can be offered her to improve her quality of life. By talking with her she told me that she is lonely. I offered her the club ..."

In this example, the non-instrumental intervention consistent with this understanding offered Mr Spencer was help "to improve her quality of life ... I offered her the club".

The second of the three patterns is illustrated by the following example.

> "Mrs Lindsey is an old lady who leaves the gas burners on. There is a practical way to stop that - like locking the door to the kitchen. At present the gas knobs on the cooker are taped over to prevent her turning on the gas. The home help cooks her food. This disturbs her. She sometimes pulls the tapes off the knobs. It is a dangerous situation for her and her neighbours. I got called to do something.
>
> Two of Mrs Lindsey's daughters visit her for a short time each day. There is an element that they do not want their mother put into an old folks' home. The house where Mrs Lindsey lives belongs to one of the two daughters. This daughter's pressures are very subtle. She says that she wants to keep her mother at home but she is not taking any practical steps to help her stay at home".

The introduction, through the use of non-routinising management techniques, of information about Mrs Lindsey's daughter's ambivalent feelings regarding having her mother placed in an old folks' home led to the offer of a non-instrumental intervention which involved helping the daughter clarify her ambivalent feelings.

> "If she continues to leave on the gas we have to find out how much her daughter wants her mother to remain in the flat; how much she genuinely wants her mother to remain at home and how much it is a duty for her. Is she really saying one thing but meaning something else? Does she really want her mother in an old folks' home? It may be that it is hard for her to say that. Her support is important. It is a relationship problem between mother and daughter".

Though there is a similarity in the non-instrumental intervention offered Mrs Donaldson's daughter (Metropolitan Office) and Mrs Lindsey's daughter, the two interventions differ considerably in terms of the intensity of the intervention offered. Mrs Lindsey's daughter was offered help with her ambivalent feelings. The worker viewed the daughter's resolution of these ambivalent feelings as an integral component in her work with Mrs Lindsey and a necessary intervention if a satisfactory decision were to be made in relation to the placing of her mother in an old folks' home.

On the other hand, Mrs Donaldson's worker did not attempt to help her daughter with her feelings of emotional stress, though the worker suggested that there was a causal connection between the mother's condition and the daughter's emotional stresses. In other words, though the social worker suggested this causal connection, she did not initiate a search option that would have facilitated the introduction

of information about certain specifics of the daughter's emotional stresses. The non-instrumental intervention offered was therefore legitimately limited to the passing of relevant information about Mrs Donaldson's condition to her daughter.

The third of the three patterns is illustrated by the following quote.

> "Mrs Allen was referred initially as she kept falling over. She is in and out of the hospital. Even with maximum community supports she is not able to stay at home. She is 90 years old.
>
> She does not feel good about being on her own. She was relieved to go into the home. I am watchful to what is happening with her in the old folks' home. During parties she gets somewhat involved. However, she does not get involved in the home's daily activities.
>
> I talk with her about her not coming out again and still being a full person. The family feels bad about having her in a home but there is really no one who can care for her at home. I am more of a use to the relatives than to Mrs Allen".

As if to summarise the sub-team work pattern with elderly clients, Mrs Allen's worker described her work with Mrs Allen as including both instrumental and non-instrumental interventions.

> "I see my goals as helping Mrs Allen adjust to a new environment. I try to re-route her memory to when she was growing up in a large family. Also there is some grief reaction. I also help her with the problem she is having with her new glasses".

Summary of Elderly Client Case Disposal in the Two Teams

Diagrams 14 - 18 show that patch work with elderly clients in the Metropolitan Area Office is characterised by the offer of instrumental intervention to the general exclusion of interventions of a non-instrumental type. In only 2 of the 8 cases were elderly clients offered a non-instrumental intervention with a low intensity value. By comparison, sub-team work with elderly clients is characterised by the offer of combinations of non-instrumental interventions with high intensity values in conjunction with instrumental interventions with high intensity values. However, 5 of the 13 elderly cases were offered only instrumental interventions with high intensity values.

The analysis of interventions offered elderly clients shows that understanding construction in the Metropolitan Office is characterised by the clustering of routinising case management techniques to the exclusion of the second type of management techniques. Underlying the exclusive use of this type of management techniques is the use of a stereotype by patch workers to construct understandings of elderly clients as people at risk to their physical well-being, who are not able to change and therefore only amenable to instrumental social work assistance.

By contrast, understanding construction of elderly clients in the Suburban Office is characterised by the use of both types of management techniques. However, as intervention 8 appears in the cases of all elderly clients offered a combination of non-instrumental interventions, it would appear that underlying the use of both types of management techniques is a stereotype of elderly people as individuals at risk to their physical well-being, which is used by sub-team workers as the

lowest common descriptive denominator in their construction of understandings of elderly clients. On the basis of this stereotype, sub-team workers construct understandings of elderly people by introducing non-routine information about the elderly person's personal history and circumstances and/or non-routine information about 'significant others' in interviews with or discussions about their elderly cases. Importantly, sub-team workers view elderly people as able to change and therefore as amenable to non-instrumental social work assistance.

Mentally Handicapped

Diagram 19 compares interventions offered mentally handicapped clients in both area offices.

The interventions offered the mentally handicapped are different as between the two offices. In the Metropolitan Office, patch workers offered mentally handicapped clients a slightly larger number of instrumental than non-instrumental interventions. However, the non-instrumental interventions offered on average showed a low intensity value, whereas the instrumental interventions were characterised by high intensity values.

In the Suburban Office, sub-team workers offered mentally handicapped clients a larger number of non-instrumental than instrumental interventions. The non-instrumental interventions were offered with high average intensity values whereas the instrumental interventions were offered with low average intensity values.

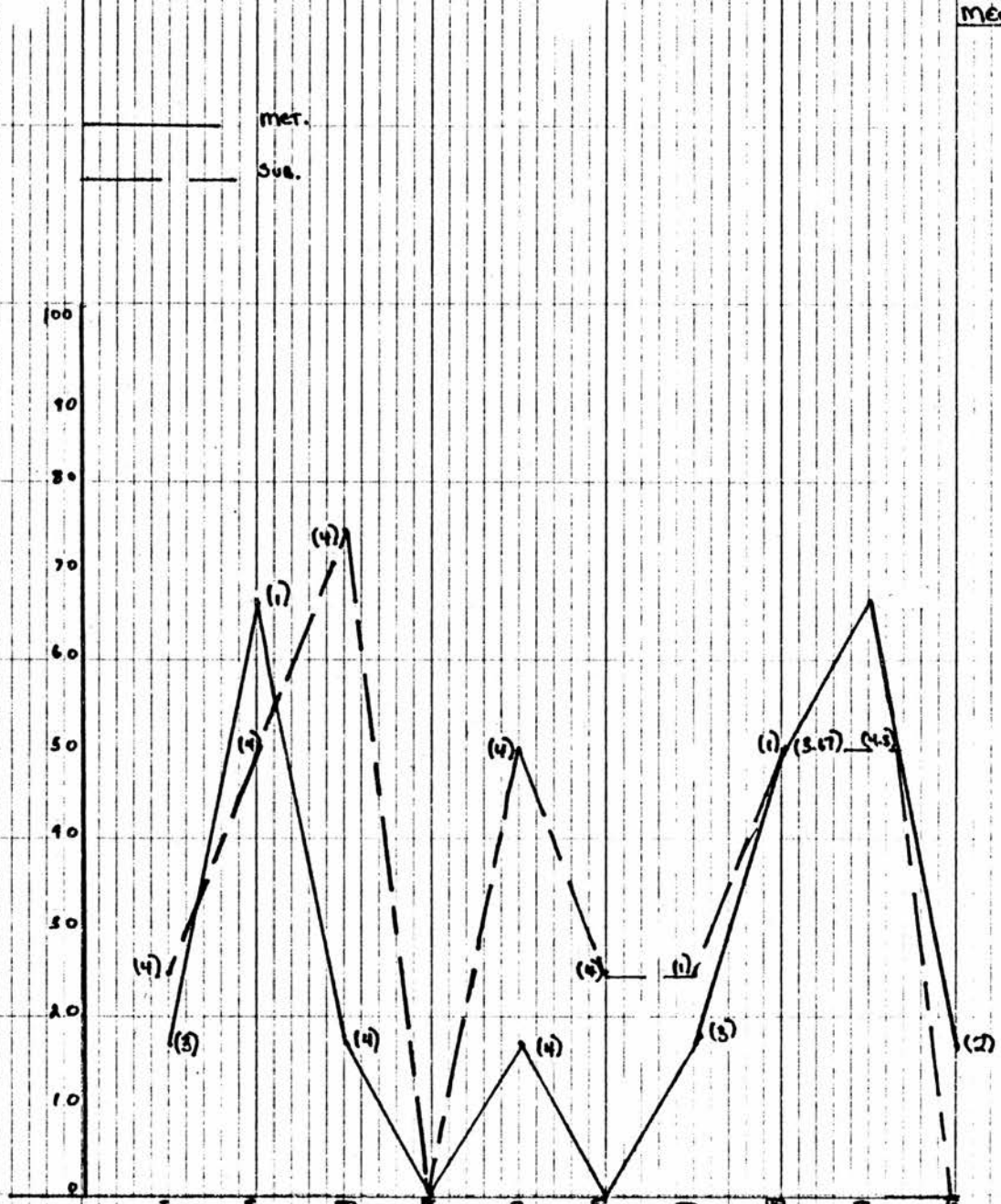
mentally handicapped

MET. TO SUB.

COMPARISON OF

INTERVENTIONS OFFERED

TOTAL NUMBER OF CASES	(6) MET.	(4) SUB.	MET.	SUB.
I. INDIVIDUAL COUNSELLING	1	1	.17 (3)	.25 (4)
II. RELATIONSHIP COUNSELLING	4	2	.67 (1)	.50 (4)
III. CRISIS INTERVENTION: THERAPEUTIC	1	3	.17 (4)	.75 (4)
IV. MAINTENANCE: THERAPEUTIC				
V. MAINTAINING CONTACT: THERAPEUTIC	1	2	.17 (4)	.50 (4)
VI. ASSESSMENT: PSYCHO/EMOTIONAL		1		.25 (4)
VII. CRISIS INTERVENTION: INSTRUMENTAL	1	1	.17 (3)	.25 (1)
VIII. MAINTENANCE: INSTRUMENTAL	3	2	.50 (3.67)	.50 (1)
IX. MAINTAINING CONTACT: INSTRUMENTAL	4	2	.67 (3.5)	.50 (4.5)
X. ASSESSMENT: INSTRUMENTAL	1		.17 (2)	



To evaluate further the similarities and differences in the distribution of types of intervention among mentally handicapped clients, the following discussion is organised around: (i) the analysis of those mentally handicapped clients offered at least one non-instrumental intervention; and (ii) the analysis of those situations where mentally handicapped clients were offered one, or a combination of instrumental interventions, to the exclusion of an offer of a non-instrumental intervention.

Metropolitan Office - Patch Work with Mentally Handicapped Clients

Of the six mentally handicapped clients observed in the Metropolitan Office, four cases were offered one non-instrumental intervention with a low intensity value in conjunction with a combination of instrumental interventions with high intensity values; one case was offered a combination of instrumental interventions with high intensity values to the exclusion of any non-instrumental intervention; and one case was offered a combination of non-instrumental interventions with high intensity values in conjunction with one instrumental intervention with a low intensity value.

The offer of one non-instrumental intervention in conjunction with a combination of instrumental interventions to four of the six mentally handicapped cases consisted of 'relationship counselling' (intervention 2) to 'significant others' in the life of the client. In all four cases the offer of this intervention was limited to assisting and 'supporting' 'significant others' with problems they experienced in arranging long term accommodation for the client.

"Alison was sent to us (area office) because of Section 16. The hospital sent a letter telling us that she was coming to the age of 16 and that when she reaches that age she becomes the responsibility of the Social Work Department. I see my work as providing support to her parents and providing for Alison's welfare. I give emotional support to her parents by taking on an advocacy role with hospitals and acting as a liaison person to get contacts going"

and

"Anna's mother needs long term support. She has a lot of problems dealing with her 24 year old mongoloid daughter. She is not planning for her daughter's future"

and

"My motivation is to help the family plan for the future. They are not willing to discuss any future arrangement for Iris. They do not co-operate with the training centre because they do not see any development as possible ... My concern is that there is no future planning for Iris".

The offer of intervention 2 to 'significant others' in four of the six cases and the offer of only instrumental interventions to one other mentally handicapped client is the result of the patch workers' use of routinising management techniques in constructing understandings of all five cases. In all five cases, the information abstracted from the totality of each mentally handicapped client's personal history and circumstances was limited to information about his limited intellectual and instrumental functioning. Where non-routine information was introduced, such information in all five cases concerned other people in the life of the mentally handicapped client. In other words, understanding construction of mentally handicapped clients in five of the six cases was based on a stereotype of such clients as people who are

intellectually limited and with impaired instrumental functioning. As with elderly clients, mentally handicapped clients were viewed as unable to change and therefore as amenable only to instrumental social work assistance.

> "Alison is a 16 year old mongol. She suffers from a type of syndrome that the _____ Hospital is interested in studying"
>
> and
>
> "Anna is a mongol"
>
> and
>
> "Iris is a mongol. She has Downes' Syndrome. She is in her late 30s. She is a low grade mentally handicapped person"
>
> and
>
> "James is mentally handicapped. He has been registered as mentally handicapped for years. He was brain damaged at birth. He has an older brother who is a student at the University. He also has a younger brother who is bright"
>
> and
>
> "Ellen is a 49 year old mentally handicapped person. She is able to work. She has no family or relations ... A psychologist at a mental deficiency hospital checked Ellen on an adaptive scale. It showed that she is able to develop some skills, but that she is not able to live on her own".

The one exception to this pattern of work is the mentally handicapped client offered a combination of non-instrumental interventions with high intensity values in conjunction with an instrumental intervention with a low intensity value. The offer of this combination of interventions is based on the social worker's use of non-routinising management techniques.

> "Bill is mentally handicapped. He is 35 years old. At the age of 2 he was deserted by his parents. From the age of 2 until he was a grown man he lived in institutions - from an orphanage to an institution for the mentally handicapped. He does not even know his parents' name. This is a source of great distress to him.
>
> I know from Bill that his father was violent to both him and his mother. This led to some of his unresolved emotional and psychological problems. When he needs help he is just sent to an institution".

To illustrate further the different management techniques used with Bill as compared to the other 5 mentally handicapped clients, it is useful to compare the different ways psychological testing was used in the cases of Ellen and Bill. With Ellen, the social worker interpreted the results of the psychological tests as 'proof' of Ellen's limited ability to function effectively at both intellectual and instrumental levels in her daily life.

> "A psychologist at a mental deficiency hospital checked Ellen on an adaptive scale. It showed that she is able to develop some skills but that she is not able to live on her own".

By contrast, Bill's social worker expressed annoyance and frustration with the narrow scope of psychological testing that tested only Bill's ability to function intellectually and instrumentally.

> "He has gone through some psychological testing. They found that his social skills are high but that he has low intellectual capabilities. But they never looked into his emotional side. Bill was never given an in-depth study to learn about his social side".

On the basis of a non-routine understanding of Bill, the consistent non-instrumental intervention offered him was help with his emotional and social problems.

> "I have a problem. Bill is dependent on me but I do not want him to have false hopes ... I walk a thin line - fortifying a reality for him. He is right, there are no resources for him and he deserves better. I just am not sure I can give him what he needs.
>
> At the end of the day he will be left to fight his own battles. The only way he will be able to grow is if he is in a safe place where his violence can be seen through for what it is - a reaction to his desertion as a child".

The case of Bill is an exception to the general pattern of interventions offered mentally handicapped clients in the Metropolitan Office. As an exception, the case of Bill illustrates several issues and raises several questions concerning referral and client understanding construction.

The case illustrates: (i) the limited work options available to area office workers to work with clients; and (ii) the different ways stereotypes are used in the intake team and the patches.

Bill's social worker used non-routinising management techniques in her work with Bill. However, in order to illustrate the circumscribed and limited work options available to area office social workers, it is useful to consider alternative options social workers theoretically have to construct non-routine understandings of referrals and clients.

An alternative work option that was theoretically available to Bill's social worker was to introduce in interview with or discussions about Bill, non-routine information about the unequal distribution of Albion community resources as it affected his current psychological and emotional difficulties in particular and mentally handicapped people in general. Several times Bill's worker suggested that this was a valid and consistent interpretation:

> "Bill feels that he is entitled to help ... Under the Social Work (Scotland) Act he is entitled to help but there are no resources for him. I told Management. They say that there are no resources available and that the city is full of such men ... I could push the case higher up the social work department hierarchy and tell them that we have to help under Section 12".

In the end, the information that Bill's social worker used to construct her non-routine understanding of her client concerned his personal history and circumstances and not non-routine information as to how Bill, and other mentally handicapped people, were affected by the unequal distribution of community resources. In other words, though Bill's worker used non-routinising management techniques to construct an understanding of him, the non-routine information was limited to information about Bill's personal history and circumstances.

The reason for this would appear to be that a non-routine understanding of Bill, constructed on the basis of information about his personal history and circumstances, was relatively easily operationalised within the patch work perspective through the offer of legitimate non-instrumental interventions based on a one-to-one,

social worker-client relationship. It is doubtful, however, whether a non-routine understanding of Bill developed on the basis of non-routine information about the unequal distribution of community resources, as it affected Bill and other mentally handicapped people, could have been similarly operationalised within the framework of the patch work perspective. This shows that area office workers construct non-routine understandings of referrals and clients only on the basis of non-routine information about the person's personal history and circumstances because of the paucity of legitimate non-instrumental interventions available to area office workers in their work with clients in ways not included in the patch work perspective. Again, this shows that in certain circumstances an organisation's technology determines how it understands its raw material.

The case of Bill also illustrates the differences in the way the intake team and the patches use stereotypes of referrals and clients. Intake team work with referrals is characterised by the large number of public ceremonies associated with intake team case disposal. In contrast, patch work with clients is characterised by the significantly smaller number of public ceremonies. Because of the relatively private nature of patch work, patch workers have more autonomy than intake workers to determine how a client should be understood and helped. This point is illustrated by two points of analysis: (i) patch work with mentally handicapped clients is characterised by the use of a stereotype in conjunction with the use of non-routine information about the clients' personal history and circumstances; and (ii) the interventions offered mentally handicapped clients include

combinations of non-instrumental interventions as legitimate office work routines. Conversely, the intake team's use of stereotypes of NFA and elderly referrals is exclusive to other alternative understanding construction options. Non-routine interventions are not available to intake workers with these referral types. (Although the case of Mr Brown in Chapter 4 is an exception to the intake team's work pattern with elderly referrals, Mr Brown's worker was unable to operationalise her non-routine understanding of him because of the paucity of legitimate, non-routine interventions available to intake workers in their work with elderly referrals.)

The difference in the intake team's and the patches' use of stereotypes is due to the different organisational pressures to which each of these two area office organisational units is structured to respond. The intake team uses stereotypic understandings of NFA and elderly referrals in response to the pressure of numbers of referrals on the area office's 'front door'. In contrast, the patches use stereotypic understandings of elderly and mentally handicapped clients in response to office pressures on each patch worker to manage his individual workload (caseload). Although the following quote is taken from a Suburban Area Office memo, it illustrates the organisational pressure on patch and sub-team workers to manage their workload. (In a later discussion the different ways patch and sub-team workers manage their workloads is analysed.)

> "Workload management inevitably suggests rationing since resources are not unlimited nor always available. We are then talking about <u>priorities</u>. (Memo emphasis) In each case a profile of the case is developed against the time available ..."

(Of special note is the implication that an understanding of a client is constructed on the basis of time and resources available.) In other words, patch workers use stereotypic understandings of elderly and mentally handicapped clients as one way of managing their workload pressures.

The case of Bill raises several questions. Although the office's different work pressures account for the presence of legitimate non-routine work options for the patch team, these differences do not explain why Bill is the only exception to the patch's pattern of work with mentally handicapped clients. An adequate explanation is not possible as Bill's worker had left the area office before the uniqueness of the case became apparent. However, certain descriptions distinguish the case as different from the other cases in the sample. First, Bill's worker was a new worker at the time he was allocated to her. With a smaller caseload, she was very probably not yet under the kinds of pressure which would induce her to routinise part of her caseload. Second, she met Bill before receiving third-party information about his limited intellectual capabilities. She was therefore in the position of having to process the information about Bill herself and thus processing was based on non-case type determinants (her own professional interests).

A second question that arises from the case of Bill is why stereotypic understandings appear exclusively in patch work with elderly and mentally handicapped clients? Given the preceding analysis of patch work patterns with elderly and mentally handicapped clients and the ensuing analysis of the patch team's work with child and family clients, the most probable explanation may be that neither elderly nor

mentally handicapped clients are perceived by patch workers as clients who are able to change and they are therefore perceived as not at risk to their emotional well-being. On the other hand, patch work with child and family clients is characterised by the presence of only legitimate non-instrumental, non-routine interventions offered to clients who are perceived as able to change and therefore, given their circumstances, as standing at risk to their emotional well-being.

Suburban Office Sub-team Work with Mentally Handicapped Clients

Of the four mentally handicapped clients observed in the Suburban Office, three cases were offered a combination of non-instrumental interventions with high intensity values in conjunction with a combination of instrumental interventions with high intensity values. One case was offered one instrumental intervention with a high intensity value to the exclusion of any offer of a non-instrumental intervention.

The most interesting aspect of patch and sub-team work with mentally handicapped clients is not the similarity in ways social workers in both area offices understand and work with such clients; rather, of most interest is the significantly larger number of mentally handicapped clients in the Suburban Office offered combinations of non-instrumental interventions with high intensity values. Although the sample of mentally handicapped clients observed in the two area offices is small, this point is illustrated most clearly by considering the relative proportions of mentally handicapped clients in the two offices offered a combination of non-instrumental interventions. In the

Metropolitan Office, one out of the six mentally handicapped clients (16%) was offered a combination of non-instrumental interventions. In the Suburban Office three out of the four mentally handicapped clients (75%) were offered a similar combination of non-instrumental interventions.

Two of the three mentally handicapped clients offered a combination of non-instrumental interventions in the Suburban Office were cases allocated to a specialty worker for mentally handicapped cases. This division of labour represents the public legitimation of the 'need' to provide a specialty service for mentally handicapped clients. Furthermore, as the position is open only to professionally trained social workers, implicit in this division of labour is the perception that mentally handicapped clients are in some way non-routine clients.

On the basis of this analysis, the difference between the two area offices in the number of mentally handicapped clients offered a combination of non-instrumental interventions may be accounted for in two ways. (i) a professionally trained specialty social worker tends to develop non-routine understandings of the mentally handicapped clients in her caseload, and (ii) the presence of a professionally trained specialist worker tends to widen the number of legitimate non-routine interventions available to all area office social workers in their work with specific client groups. (In the Metropolitan Office, social work assistants work almost exclusively with elderly clients. Although they can be considered specialty workers in the sense that they work primarily with one client group, they have neither the same autonomy nor impact as professionally trained specialist

workers, on office work patterns with specific client groups. This further illustrates the significance of professionally trained specialist social workers in determining an area office work pattern. It is not without significance that the Metropolitan Office has no workers who specialise in work with mentally handicapped and elderly clients.)

The following quotation illustrates these two points. In it, the specialist worker described her work with mentally handicapped clients. The quotation itself contains two points of special note. First, is the specialty worker's self-questioning as to whether she was capable of managing the position. If a person's self-questioning is considered as in part a response to a non-routine situation, the worker's statement was a response to what she perceived to be a non-routine work situation. In other words, the specialist worker perceived her work with mentally handicapped clients as non-routine work. Second, is the specialist worker's discussion of her use of non-routinising case management techniques.

> "In September I took the post. The job remit was not clearly worked out. Basically the job consisted of approaching this client group in a new way. I was not sure I was capable of handling the job.
>
> I attempt to encourage them (mentally handicapped clients) to take a more active role in community life, as far as this is possible. Also there is the principle of parental involvement. That is listening to the parents - what are their needs, not just providing a service. The support services to the families of mentally handicapped people should be based on what the families feel are their needs. Also I have to respect the frustration of individual clients".

The most visible result of this division of Suburban Office manpower to include professionally trained specialty social workers (there are two in the office) is the widening of the legitimate non-instrumental intervention options available to all area office workers in their work with mentally handicapped clients. Whereas Metropolitan Office non-routine patch work with mentally handicapped clients is limited as to the number of ways in which patch workers are able to construct non-routine understandings of and work with mentally handicapped clients, Suburban Office sub-team work with the same type of client is rather more varied. More specifically, patch workers construct non-routine understandings of mentally handicapped clients through the use of non-routinising management techniques that introduce non-routine information about the personal history and circumstances of the client or 'significant others' in his life to the exclusion of the other type of management techniques. This is due to the limited number of legitimate non-instrumental interventions available. On the other hand, sub-team workers construct non-routine understandings of mentally handicapped clients when, in addition to introducing the non-routine information about the personal history and circumstances of the client or significant others in his life, they introduce non-routine information about the paucity of community services available to mentally handicapped people. This is illustrated by an account, by the specialist worker, of how she attempted to make community services more responsive to the needs of mentally handicapped people.

"There is a conflict in my work with families of mentally handicapped clients. I know what should be the adequate provision of services but I also have to make do with what is available. For example, the adult training centre should provide individual services for specific needs but they are just an umbrella group. Their buildings are not fitted for their purposes and they are understaffed. We are, however, working with the region's residential section to develop a 3-tier system of work with the mentally handicapped in the training centres ...

There are now yearly reviews in the adult training centres. This involves more work for fieldworkers but if we move from a closed to an open service we need more reviews. The reviews give the parents a forum to meet everyone involved and to see what is going on and what needs to be worked on further. Parents need to be involved. Parents and staff should work together. This is idealistic, but I see myself working towards this. Also, it helps staff to get together and examine what they are doing and to see if there is another way of trying to work with these people".

Summary of Mentally Handicapped Client Case Disposal in the Two Teams

Diagrams 14, 15 and 19 outline the interventions offered mentally handicapped clients in both area offices. The analysis of the Metropolitan Office shows patch workers use a stereotype in order to construct understandings of and work with mentally handicapped clients. However, patch workers use this stereotype in response to the organisational pressures to manage their workloads and not in response to the referral pressures on the office's 'front door'. As a result, patch workers are able to construct legitimately non-routine understandings of mentally handicapped clients. However, if a worker constructs a non-routine understanding, due to the limited number of non-instrumental interventions available to patch workers in their work with mentally handicapped clients (as work is limited to

the patch work perspective of the one-to-one, social worker/client relationship), patch workers are able to use information only about the personal history and circumstances of the client, or significant others in his life.

The most significant difference in the two offices' work with mentally handicapped clients is the significantly larger number of such clients offered combinations of non-instrumental interventions with high intensity values in the Suburban Area Office.

To clarify further this significant difference, it is useful to analyse it in the context of the overall work patterns in both offices.

Two basic pressures predetermine the content of patch work with clients (as evidenced in the absence of exceptions to office work patterns): (i) the large referral rate on the office's 'front door' determines, to a large extent, the content of patch work. Even taking into account the fact that approximately half of all referrals to the area office are NFA referrals (and that these cases are filtered out of the cases allocated to the patches), the remaining referrals still outnumber the total number of referrals to the Suburban Area Office. Many of these referrals are statutory and therefore are allocated directly (with no possibility of case closure) to the patches, by-passing the intake team. In terms of absolute numbers, the referral allocation pressures on patch manpower resources are considerably greater than such pressures in the sub-teams. As a result, in order to manage these pressures, patch work with clients is routinised through the use of shared work routines that predetermine (before the worker meets the client) how workers

understand and work with different types of clients, and (ii) in order to maintain the work perspective gap between the intake team and the patches, patch workers explain their work in terms of the 'need' to provide casework services to individual clients. Deviation from this work perspective would result in the softening of the distinction between the two types of work thereby making the transfer of 'non-amenable to social work' cases from the intake team more likely in principle.

For example, if NFA cases were understood and helped as people physically and emotionally affected by the unequal distribution of opportunities and resources in Albion, there would be no professional justification to prevent their transfer to the patches. In other words, in order to maintain the existing distinction between the different types of work, and so to control workload pressures within the patches, cases have to be defined rigidly within the limits of the patch work perspective.

The conclusion emerging is that the aim of Metropolitan work management techniques is to predetermine (primarily through the use of stereotypes and rigid work routines) how patch workers understand and work with clients. The effectiveness of these techniques is evidenced by the small number of exceptions to established work routines. In addition to case management techniques used with individual clients, two management techniques that 'control' the number of alternative understanding and work options used are: (i) the division of labour to exclude professional specialty workers; and (ii) the relative lack of a formal or informal discussion forum within which to discuss alternative work options. Both techniques

result in the limitation of the number of legitimate patch work options which fall outside the available perspectives.

With their much smaller referral rate, there is less absolute pressure in the sub-teams (i) to maintain a distinction between the duty system and the sub-teams (i.e. to prevent the transfer of certain case types) and (ii) to predetermine client understanding construction and work patterns with particular case types. As a result, caseload management centres on the management of work tasks (e.g. how workers use their time) as contrasted with how they construct understandings of and work with clients in the patches. The effect this has on sub-team work patterns is to give sub-team workers a relatively large degree of autonomy to determine how clients are understood and helped. This is evidenced by the variety of work routines used by sub-team workers with different client case types. This system of work is maintained through the use of work management techniques that include (i) the division of office manpower to include both generic and specialist workers; (ii) the presence of a relatively large number of discussion forums in which alternative work options are considered (e.g. workers in one sub-team started a weekly discussion group to "learn what each of us does" and "to get ideas from other workers ... and to get to know ourselves better"); and (iii) the development of a workload management scheme (WLM) that systematically measures only how workers use their time. These techniques result in the expansion of sub-team understanding construction and work options with different case types.

Although placed after the analysis of elderly and mentally handicapped clients, the preceding discussion pertains to work with

all client case types in both offices. It was placed in this position because of changes of emphasis in the following analyses of child and family clients. These changes are: (i) although work with child and family clients in the Metropolitan Office follows rigid work patterns, as it does with elderly and mentally handicapped clients, work with the first two case types differs considerably, in terms of content, from the second two case types. This difference is analysed in the discussion presented below and (ii) work with child clients in the Suburban Office differs considerably from office work patterns with other case types. This difference is analysed also in the following discussion.

Child

Diagram 20 compares interventions offered child clients in both area offices.

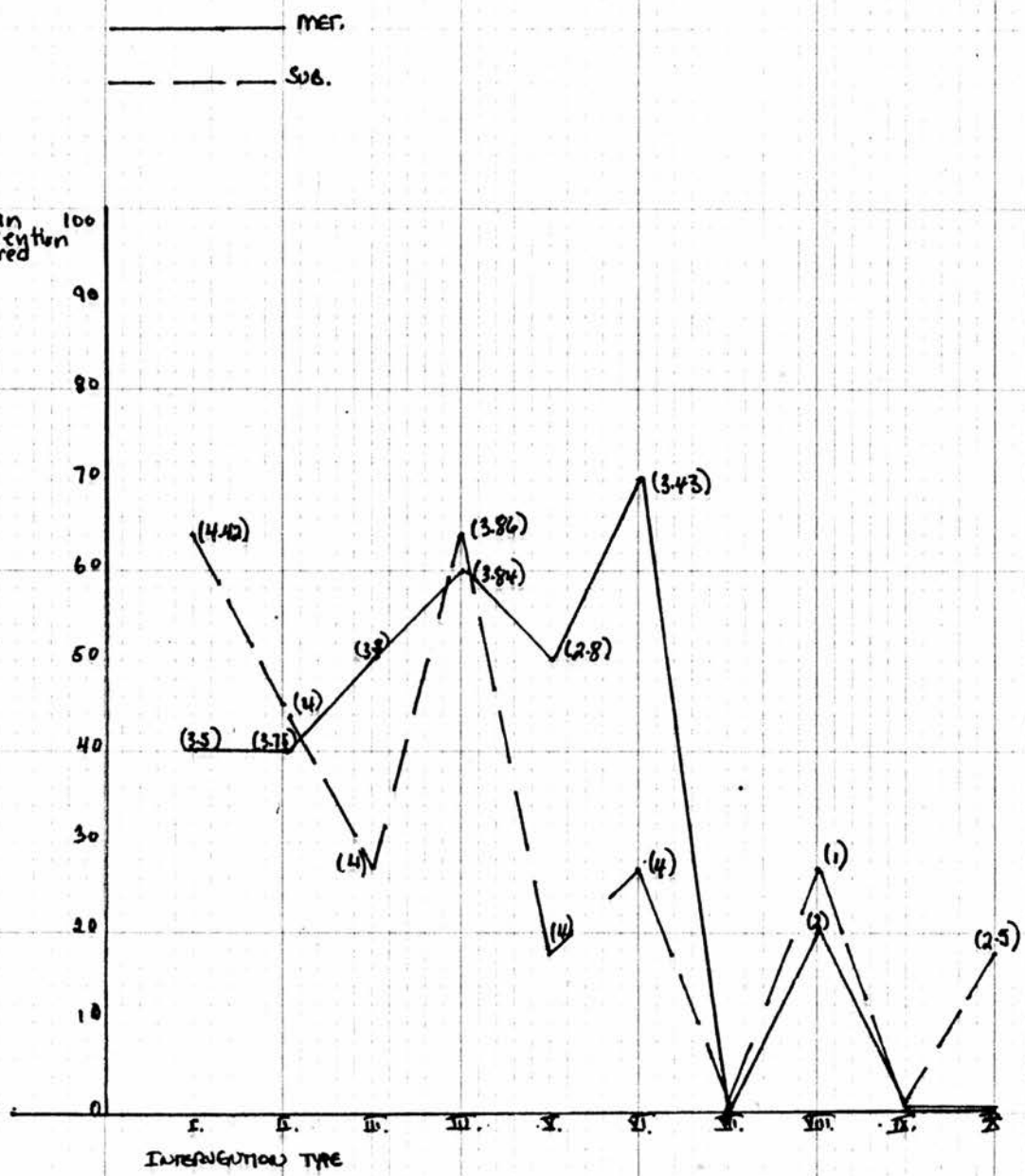
Though variations appear in the combinations of interventions offered clients in the two offices, both share a similar work pattern. In both offices the interventions offered were combinations of non-instrumental interventions with high intensity values in conjunction with either one instrumental intervention with a low intensity value or the offer of no instrumental intervention at all. As the operationalisability of an intervention is based on the maintenance of a consistent relationship between client understanding and the interventions offered, this configuration of interventions suggests that child client understanding construction in both offices is based on the use of non-routinising case management techniques.

CHILDREN

MET. TO SUB.

COMPARISON OF INTERVENTIONS OFFERED

TOTAL NUMBER OF CASES	[10] MET.	[11] SUB.	MET.	SUB.
I: INDIVIDUAL COUNSELLING	4	7	.40 (3.5)	.64 (4.42)
II: RELATIONSHIP COUNSELLING	4	5	.40 (3.75)	.45 (4)
III: CRISIS INTERVENTION: THERAPEUTIC	5	3	.50 (3.8)	.27 (4)
IV: MAINTENANCE: THERAPEUTIC	6	7	.60 (3.84)	.64 (3.86)
V: MAINTAINING CONTACT: THERAPEUTIC	5	2	.50 (2.8)	.18 (4)
VI: ASSESSMENT: PSYCHO/EMOTIONAL	7	3	.70 (3.43)	.27 (4)
VII: CRISIS INTERVENTION: INSTRUMENTAL				
VIII: MAINTENANCE: INSTRUMENTAL	2	3	.20 (2)	.27 (1)
IX: MAINTAINING CONTACT: INSTRUMENTAL				
X: ASSESSMENT: INSTRUMENTAL		2		.18 (2.5)



In order to evaluate patch and sub-team work patterns with child clients, the following discussion is divided into two parts: (i) the analysis of child clients offered one instrumental intervention in conjunction with a combination of non-instrumental interventions, and (ii) the analysis of child clients offered a combination of non-instrumental interventions to the exclusion of an offer of an instrumental intervention. As in earlier discussions, the analysis will be presented separately for each office.

Metropolitan Office - Patch Work with Child Clients

Two of the 10 child clients observed were offered an instrumental intervention with a low intensity value in conjunction with a combination of non-instrumental interventions with high intensity values.

In the first example, the instrumental intervention offered was help to find an adolescent girl an appropriate course of study.

> "In August I began to work with Mary. At that time we were helping her get started in a hotelier course at _____ College. We bought her things that she needed for the course".

Although an instrumental intervention was offered, the worker constructed an understanding of Mary based on her use of non-routinising case management techniques. More specifically, the non-routine information introduced in the interviews with, or discussions about Mary was information about her psychological make-up. For example, Mary's social worker interpreted her current behaviour in the light of her personality and concluded that Mary was at risk in

respect of her emotional well-being.

> "Mary has an active love life and her father reacts against this. But boyfriends provide Mary a focus for her figuring out her parents - especially her father.
>
> Mary's parents were divorced long ago. Mary was in custody of her mother when I was allocated the case. Mary's mother has since remarried and Mary feels pressured by the marriage. The mother's remarrying brought up questions of the future ..."

The non-instrumental interventions offered Mary in an attempt to maintain consistency with the understanding of the case were help with the emotional pressures that she was experiencing.

> "Mary is despondent about not making it on the course. I am trying to help her decide if she wants to continue her studies. I also want to help her with her feelings about her mother's remarriage. The marriage is not going well. In addition, the hostel in which she is at present staying is not the most appropriate place for her. A lot of my work is focused on helping her with her feelings about the hostel".

In the second example, the offer of an instrumental intervention was viewed as secondary to the offer of a combination of non-instrumental interventions. The instrumental intervention offered was to help a young girl find temporary accommodation until she was able to return home.

The offer of a combination of non-instrumental interventions is based on the worker's use of non-routinising management techniques. More specifically, the non-routine information introduced in interviews with or discussions about the young girl was information

about the girl's intensive emotional relationship with her father that put her at risk to her emotional well-being. As in the previous example, the social worker interpreted the girl's and her father's behaviour in the context of their intensive emotional relationship. In the following quotation illustrating this point, of special note is the way the worker interpreted the breakdown of the fostering placement as caused by the daughter-father relationship that put her emotional well-being at risk. Theoretically, the social worker could as easily have interpreted the same events as 'proof' of Lucy's chronic, unchanging behaviour.

> "Lucy is 10 years old. She was placed in a children's home 1½ years ago. She was later fostered. The fostering broke down suddenly. The relationship with her father and stepmother was undermining the fostering relationship. They visited her in the school playground though they were given specific times that they were permitted to see her.
>
> Since then the father and stepmother broke-up. At first Lucy was against her father. Now all her energy and affection is directed towards him... Lucy is absorbed by her relationship with her father. She constantly talks of him, his troubles and how she loves him. She blames most of the difficulties she has with her father on her stepmother".

Similarly, the offer of combinations of non-instrumental interventions to the exclusion of any offer of an instrumental intervention to eight of the ten child clients was based on the social workers' use of non-routinising management techniques. As in the previous two examples, the non-routine information introduced was information about childrens' emotional relationships with

significant other people in their lives that was deemed to indicate that their emotional well-being was at risk.

In the first example, the non-routine information introduced in interviews with or discussions about two sisters was information about their traumatic history as it affected their current emotional relationships with other people in their lives.

> "Debbie and Ann are the two youngest members of a family of four children. The mother died in 1974. The children were out shopping with their mother when she keeled over and died. Debbie was 3 at the time. It was traumatic.
>
> Their father is diagnosed as a schizophrenic and following the mother's death he cracked up. All four children went to live with their maternal grandparents.
>
> It is a complex case with a lot of skeletons in the closet. Granny is unable to talk with a social worker ... The older boy regressed. I had hoped that the two sisters would draw together with everything disintegrating around them. It happened a bit, the two sisters did draw together but not enough".

The social worker's construction of her understanding of Debbie and Ann was further made non-routine when she stressed the unpredictability of the future insofar as it may affect the two sisters. The unpredictability of future events was seen as placing the two sisters at risk emotionally.

> "The way the family functions is not healthy. Where are they now? We have to move forward with the girls who are now 10 and 11. We have to make things secure for them. We took out parental rights. We are attempting to move forward into the future and plan for them. I do not know what the future will throw up for them".

A central component in patch work with non-routinely understood clients is the unpredictability, with respect to future events, of the outcome of social work interventions. By contrast, and because of the patch workers' routine understandings of them as people unable to change, the outcome of social work intervention with elderly and mentally handicapped clients is viewed as predictable. In other words, the outcome of patch work with elderly and most mentally handicapped clients is predictable, measurable and therefore routine. The outcome of patch work with child clients is unpredictable, unmeasurable and therefore non-routine.

In the second example of a child client offered this set of interventions, the social worker similarly used non-routinising management techniques. The information introduced was information about a young adolescent girl's emotional relationship with her grandmother that was seen as placing her at emotional risk. As before, the worker interpreted the girl's current behaviour in the light of her emotional relationship with her grandmother. By doing this, the social worker divided up the information about the girl into the 'presenting problem' and the 'underlying problem' of the emotional stresses the girl was experiencing. As in the case of Lucy, the worker theoretically had the option to interpret the girl's behaviour as chronic and unchanging.

> "This is a case referred around Christmas. The presenting problem is her school attendance. The school referred her to the Children's Panel. The Children's Panel referred the case to us for a SBR (Social Background Report). Two hours after I was allocated the case I received a 'phone call that Theresa had beaten up her grandmother.

> I could have done the SBR in two visits. But what had happened with her grandmother has been going on for a long time. It is an on-going drama.
>
> Theresa has not been to school regularly since she was 11. I first saw the problem as granny covering up for Theresa. But granny needs Theresa, someone to lean on since her husband died about 2 to 3 years ago. Theresa has not worked out her own feelings about her family and she is forced to be supportive to her grandmother. She gets everything she needs materially. She is in fact indulged. But she is afraid to assert her independence - that she does not need granny. This is at the root of it all.
>
> We learned that there are serious emotional problems to sort out ... My presence threatens granny. Granny is set in her ways ... Theresa is not able to relate to adults. Before her parents' marriage broke up she had learned to respond to adults in order to get things from them. She has an adult exterior but she is an emotionally undernourished child. Theresa's hope for growth is away from granny, probably to a residential school. She needs independence and wants to leave but is unable to say so. The damage is on-going, they are in a rut with each other".

Interestingly, the worker interpreted Theresa's behaviour as symptomatic of deeper emotional problems that made her amenable to non-routine social work assistance whereas she interpreted the grandmother's behaviour as chronic and unchanging ("Granny is set in her ways") that made her amenable to routine social work assistance. The difference in the way the worker interpreted Theresa and her grandmother's behaviour is not based on the content of their different 'underlying problems'. Rather, the difference in behaviour interpretations is based on the worker's perception of Theresa as a person able to change and the grandmother as a person unable to change.

The implication of this difference in the interpretation of their respective behaviours is illustrated by the interventions offered Theresa. The non-instrumental intervention offered Theresa in an attempt to maintain consistency with the understanding of the case was help to cope with the problems that were seen as placing her emotionally at risk. Of special note in the following quote is the division the worker makes between the 'presenting problem' (school attendance) and the 'underlying problem' of Theresa's relationship with her grandmother.

> "After entering the interview room, Sheila (social worker) asked Theresa about school. Theresa said that she has made some friends with other students. She added that she is planning to go to school the next day.
>
> Sheila asked Theresa if there is a change in the way granny is relating to her. Theresa said that there is a change as granny is not trying to bribe her. Theresa added that 'It is my decision if I go to school'. Sheila said that she is not trying to check on her, that it is her decision whether she goes to school or not ...
>
> Sheila said that until a place becomes available for her in a residential school, Theresa has the opportunity to prove that she is capable of changing and coping. She asked 'Could you cope with school?' Sheila did not wait for an answer and asked immediately if 'Granny is still playing the same games?' Theresa did not answer. Sheila said that the two of them play games but that Theresa could show that she is capable of coping. Theresa said that she had friends at school who are willing to help her".

Until this point in the discussion, case examples have been used to illustrate patch work patterns with different client case types. Although different in the content of the work involved, patch work

with elderly, mentally handicapped and child clients shares one significant characteristic - there are few exceptions to each work pattern. However, the most interesting question remaining is why child clients are understood and helped in a significantly different way from that for the other case types?

To analyse this question, it is helpful to contrast the case of Mary (before she was transferred to a patch worker) with the case of Debbie and Ann. Both cases have similar traumatic childhood histories. However, the sisters' traumatic history was interpreted as 'proof' of their current emotional problems and the degree of risk this was felt to present to their emotional well-being. Mary's similar traumatic history was interpreted as 'proof' of her chronic, unchanging (and unchangeable) NFA behaviour. The one descriptive difference in the history of the two cases is that Mary was an adult whereas the two sisters were children. Although exceptions appear to this work pattern, patch workers use an age interpretive dividing line to determine how information about clients is interpreted. The younger the client, the greater the likelihood that case information will be interpreted as symptomatic of 'deep' emotional problems. The older the client, the greater the likelihood that case information will be interpreted as 'proof' of chronic, unchanging behaviour. Taking into account office work with offender referrals and clients, the interpretive dividing line is somewhere after the age of young adulthood. (Without exception, offender clients of young adulthood and younger were offered non-instrumental assistance. Offender clients older than this age were offered only instrumental assistance.) Behaviour prior to this age is interpreted as changing and changeable,

making it amenable to intensive, non-instrumental social work assistance. Behaviour after this age is interpreted as unchanging, unchangeable and amenable to instrumental social work assistance. Variations in this pattern appear in patch work with mentally handicapped clients. As mentally handicapped clients are limited intellectually, they are construed at all ages as amenable only to instrumental social work assistance.

The reasons for this interpretative dividing line are complex and could be the subject of a research project. However, several partial explanations are:

(i) The interpretative dividing line reflects concerns for children and young adults found in the larger community outside the area office. Children are seen as defenceless and therefore deserving of intensive, non-instrumental social work assistance.

> "A child has no choice. He is not in a position to take responsibility for his actions. Not so with adults. Adults have free choice ... There is an element of choice with NFA cases. There is no element of choice with a child".

(ii) Child welfare is publicly a sensitive issue, especially cases involving non-accidental injury (NAI).

> "We look over our shoulders. Teachers, police, Children's Panels, doctors - all influence practice. We need to be brave not to do anything about a NAI case ... I ensure I'm covered. If I do not intervene, I make sure I write up the case clearly in detail. I also get bureaucratic support (for my decision)".

(iii) The Social Work (Scotland) Act defines children as a specific client group in need of social work assistance (Sections 16 and 17).

Suburban Office Sub-team Work with Child Clients

In the Suburban Office 11 child clients were offered combinations of non-instrumental interventions with high intensity values. In 5 cases, the child clients were also offered an instrumental intervention with a low intensity value.

In all cases, the offer of an instrumental intervention was viewed as secondary to the principal offer of a combination of non-instrumental interventions. As in the Metropolitan Office, sub-team work with child clients is characterised by the almost exclusive use by social workers of non-routinising case management techniques. More specifically, the non-routine information introduced in interviews with or discussions about these children was uniformly information about the childrens' emotional relationships with 'significant others' in their lives that was seen as putting them at emotional risk. In other words, understandings of child client cases were constructed in the same way in both area offices.

In the first example, the instrumental intervention offered to a child client was temporary accommodation for an adolescent girl until more appropriate accommodation could be found. However, the offer of the combination of instrumental and non-instrumental interventions was based on the worker's use of non-routinising case management techniques.

> "Isobel is not an open person. She is a closed person. Last night she absconded from the _____ Children's Home. Whenever a situation is unsettled for Isobel, she runs. I have to convince her that she has a friend".

The consistent, non-instrumental interventions offered Isobel were help with her inability to cope with those stressful situations that were seen as endangering her emotional well-being.

> "I have to go back a long way with her. It is not enough to say 'fine, now get along'. I have to explore these things that she keeps hidden, possibly to talk with her about her early childhood. I want to share these feelings with her but I am not sure yet what would be the significant information until I talk with her".

In addition to child clients offered one instrumental intervention each in conjunction with a set of non-instrumental interventions, the offer of non-instrumental interventions to the exclusion of an offer of an instrumental intervention to six of the eleven child client cases is similarly based on the social workers' use of non-routinising case management techniques. As in the previous examples in both offices, the non-routine information introduced in interviews with or discussions about child clients was information about their relationship with 'significant others' that threatened their emotional well-being.

In the first example, the non-routine information introduced was information about parts of a boy's personality that 'negatively' affected his relationship with 'significant others' in his life.

> "Tom is punk-rock. He is quite different from other kids. His father and mother are teachers. Tom is intelligent. He is in the top 5% of his class - but he has a poor self-image. He is suspicious of people and thinks that people are persecuting him. In September he was expelled from school for stealing. He was stealing three or four times a day. He was unable to resist stealing.

> We talk a lot about how he leaves people to make decisions for him ... We talk a lot about how I see him changing. I tell him that I have to incorporate a whole new Tom in my dealings with him when he changes ... Tom immobilizes people. He puts people in a position where one is unable to get any closer but is also unable to move away. He sets people up to hurt him".

As in all other child client cases in both offices, Tom's worker interpreted his behaviour in the light of his "underlying emotional problems". In the following quotation, Tom's worker explained to the researcher the reasons why Tom felt uncomfortable in an interview in which the researcher participated. Of special note is the social worker's use of a management technique that interpreted his feelings of discomfort as symptomatic of deeper, emotional problems.

> "After you left the meeting we talked about you and the effect you had on us in the meeting. I had told him about how I feel when you observe my work. Tom said that he felt like he was facing two people, not just one. We talked about how he does not like to share me. A psychiatrist at _____ Hospital, who worked with Tom, said that he thought Tom saves up all the goodness he has for me and lets out the other side of him on other people. The psychiatrist feels this is disruptive".

The interventions offered Tom, in an attempt to maintain a consistency between the way the case is understood and the interventions offered, were a combination of non-instrumental interventions to help him cope with those 'underlying emotional problems' that endangered his emotional well-being. The following quotation illustrating these interventions is divided into two parts. The first part is a section of an interview between Tom and his social worker, which the researcher observed directly. The second part is a

section from the previous quotation in which Tom's worker interpreted his feelings of discomfort as 'proof' of his underlying emotional problems.

> "Tom entered the interview room. After a moment of silence, Tom said that the night before his mother threw him out of the house. He added that his father had come out later to talk with him.
>
> After Tom finished telling Jane (social worker) this story he immediately went on and told her that two days ago, while walking home from his girlfriend's house, a police car stopped him, made him get into the car and checked to see if he was wanted. He said that they released him when they got a negative reply from headquarters.
>
> When Tom finished there was a long silence. Sensing that the presence of a third person was affecting Tom, the researcher excused himself and left the interview room".

The above quotation illustrates several issues. First, it indicates that the lowest common denominator in social worker/client interaction is the presentation and discussion of a practical problem. Second, the case of Tom was the only case in which the social worker and the client expressed discomfort at the presence of the researcher. Taking into account the following quotation, which represents an acute change of the interview topic of discussion, the quotation shows how interview discussions can be interpreted as taking place on two levels of meaning at the same time. One level was the 'presenting problem'. The second level was the interpretation of Tom's behaviour as 'proof' of his underlying emotional problems that could only be discussed once the researcher had left the room. The case also suggests that in order to maintain a consistent relationship between the way she

understood, and the way she worked with him, the worker offered Tom a combination of non-instrumental interventions focused on talking about how he uses other people.

> "After you left we talked about you and the effect you had on us in the meeting ... We talked about how he does not like to share me. A psychiatrist at _____ Hospital, who worked with Tom, said that he thought Tom saves up all his goodness for me and lets out the other side of him on other people. The psychiatrist feels that this is disruptive".

In the second example of a client offered a combination of non-instrumental interventions to the exclusion of an offer of an instrumental intervention, the social worker similarly used non-routinising case management techniques. More specifically, the information introduced was information about a young boy's mother's identity problems that were seen as creating risks to his emotional well-being. The quotation illustrating this point is divided into two parts. In part one the worker described the 'presenting problem'.

> "Ian acted up at school. He was identified as a problem and was transferred to the _____ Unit for problematic children. He got into some trouble stealing wellies at Woolies. He was put on formal supervision at the same time. After he got out (from the Unit), he kept getting into trouble with petty crime. He was put into an assessment centre until they could find an appropriate place for him to go".

In part two, that followed immediately after the incident described in the above quotation, the worker described Ian's 'real' underlying problem.

> "Ian's mother is black and his father is white. She was married when she was 16 and Ian came along. It was a disastrous marriage. Only now she is able to talk about it - her past. She was brought up in a convent and as a result she had a rigid up-bringing. Her father was black and her mother white. Her mother died and her father took some of her brothers and sisters to live with him. But she and her sister were put into a convent. Here we are with the needs of a person - her needs are similar to other people who were brought up in a rigid background. She has a real identity problem".

Although a causal connection was not made between Ian's mother's identity problems and Ian's 'presenting' delinquent behaviour, the assistance offered Ian and his family assumed this connection as they were offered non-routine interventions focused on allowing both Ian and his mother to talk about their problems.

> "The family needs space to discuss their problems - for them to acknowledge that there are all sorts of problems ... I've given Ian's mother time to discuss her fears of getting married again. We discuss how her marriage will change things in the family ...
>
> In March we decided that I would work with Ian on a one-to-one basis at the same time that he participates in the I.T. group (Intermediate Treatment). The purpose of both these contacts is to help him relate to his peers. He can use me as an individual in his life he can talk to".

As in the previous examples of child clients, a non-routine understanding of Ian was constructed when information about him was selectively abstracted from the totality of the boy's personal history and circumstances and interpreted as 'proof' of underlying emotional problems which put him at emotional risk. More specifically, Ian's behaviour was interpreted in the light of his mother's identity

problem as 'proof' of his underlying emotional problems. His repeated stealing was not interpreted as 'proof' of his chronic delinquent behaviour.

Summary of Child Client Case Disposal in the Two Teams

Work patterns with child clients are similar in both area offices. Without exception, workers in both area offices used non-routinising management techniques in order to construct understandings of and to work with such cases. However, work with child clients in each area office is an exception to that office's general work patterns with other case types.

Patch work with all case types is based on established work routines, with few exceptions. Work with child clients differs from other work routines in that work with child clients is based on the use of non-routinising case management techniques only, whereas work with other case types is based on the use of routinising case management techniques only. Though differing in content, these work patterns are at opposite ends of the same continuum that underlies patch work with all case types - that the age of the client determines how information is generated and interpreted. There is also evidence that social workers define 'child' in terms of age, but when the circumstances require, the upper age limit of what is defined as a child is flexible. (See later discussion of family clients, Metropolitan Office.)

Work with child clients differs from sub-team work with other case types in two ways: (i) in its content, and (ii) in that work with child clients is an exception to general sub-team work with other case types.

That is, on the one hand sub-team work with elderly and mentally handicapped clients is based on non-case type considerations; while, on the other hand, work with child clients is based on case type considerations.

Two questions are related to these differences: (i) why is it that understandings of and work with child clients differs so significantly from other sub-team work patterns? and (ii) what factors were used to determine how information about child clients was generated and interpreted? An answer to these questions is found in a comparison of the types of information interpretation guidelines used in the two area offices.

As discussed earlier, the Metropolitan Office uses a narrow age guideline to determine how information is generated and interpreted with all case types. With the exception of child client cases, sub-team work is based on non-case type considerations (e.g. worker's professional interests). In contrast, child clients are helped on the basis of a case type consideration - the age of the client. (That is, children are young and defenceless and therefore at greatest risk to their emotional well-being.) As in the Metropolitan Office, the reasons for this are twofold. First, there is an inordinate amount of public concern for child welfare issues as compared to other case types. Second, Sections 16 and 17 of the Social Work (Scotland) Act give detailed attention to this issue (see p.237).

Family

Diagram 21 compares interventions offered family clients in both area offices.

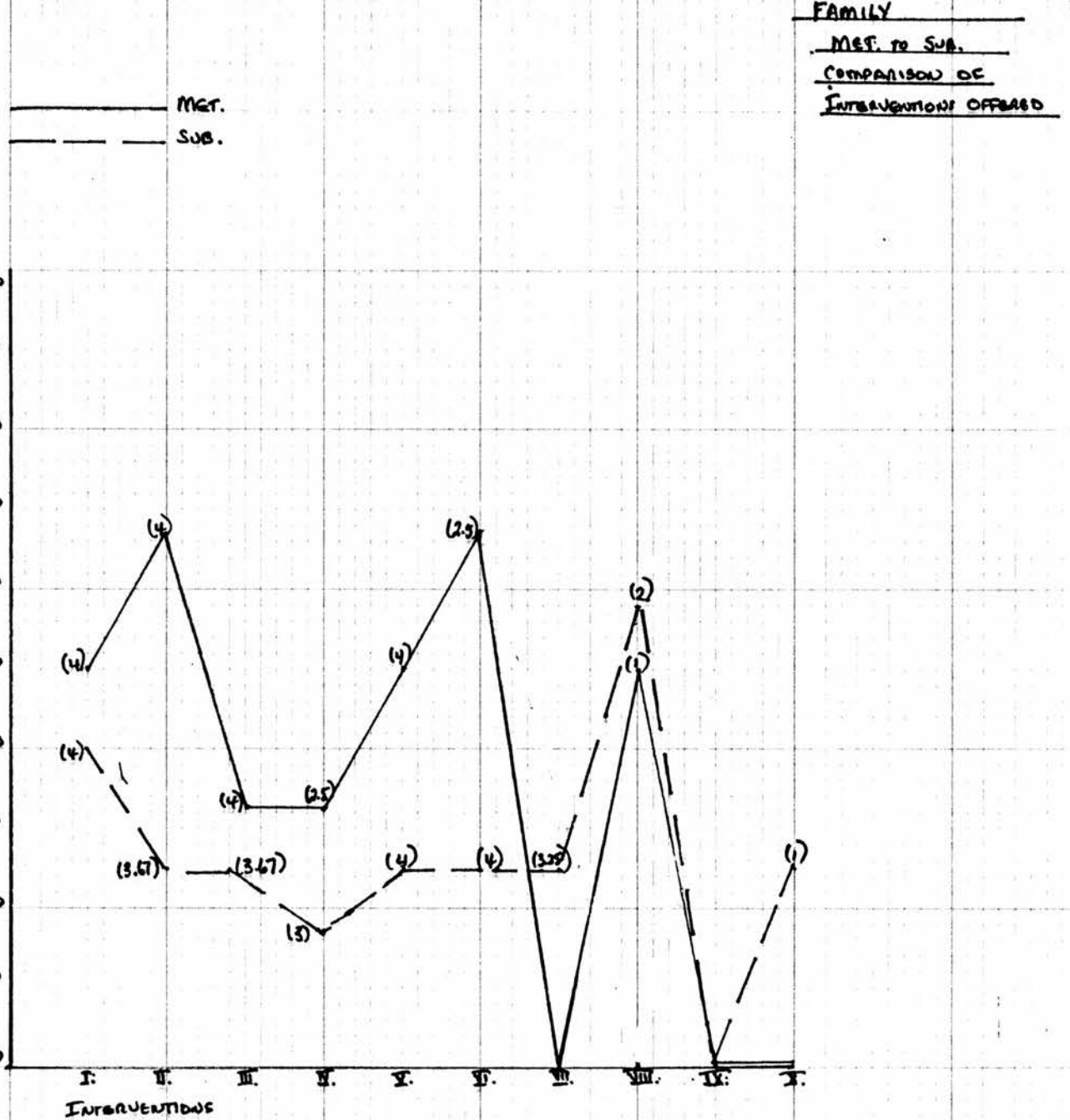
FAMILY

MET. TO SUB.

COMPARISON OF

INTERVENTIONS OFFERED

	[6] Met.	[12] Sub.	MET.	SUB.
I: INDIVIDUAL COUNSELLING	3	5	.50 (4)	.40 (4)
II: RELATIONSHIP COUNSELLING	4	3	.67 (4)	.25 (3.67)
III: CRISIS INTERVENTION: THERAPEUTIC	2	3	.33 (4)	.25 (3.67)
IV: MAINTAINING: THERAPEUTIC	2	2	.33 (2.5)	.17 (3)
V: MAINTAINING CONTACT: THERAPEUTIC	3	3	.50 (4)	.25 (4)
VI: ASSESSMENT: PSYCHO/EMOTIONAL	4	3	.67 (2.5)	.25 (4)
VII: CRISIS INTERVENTION: INSTRUMENTAL		3		.25 (3.25)
VIII: MAINTENANCE: INSTRUMENTAL	3	7	.50 (1)	.58 (2)
IX: MAINTAINING CONTACT: INSTRUMENTAL				
X: ASSESSMENT: INSTRUMENTAL		3		.25 (1)



In the Metropolitan Office, family clients were offered a large number of non-instrumental interventions with high intensity values in conjunction with a significantly smaller number of instrumental interventions with low intensity values. This suggests that patch work with family and child clients are similar.

In the Suburban Office, family clients were offered a slightly larger number of non-instrumental interventions with high intensity values in conjunction with a slightly smaller number of instrumental interventions with low intensity values.

The two most important differences in the interventions offered family clients in both offices are found in the way both intervention types were deployed in particular cases. In the Metropolitan Office, each family client was offered a larger number of non-instrumental interventions than in the Suburban Office. Moreover, in the Suburban Office, each family client was offered a larger number of instrumental interventions than in the Metropolitan Office.

In order to analyse these differences further, the following discussion is divided into two parts. First, work with family clients in each area office will be analysed in relation to that office's work with other case types. This discussion is further divided into two sections comprising the analysis of (a) family clients offered one instrumental intervention in conjunction with a combination of non-instrumental interventions and (b) family clients offered only non-instrumental interventions. Second, the work carried out with family clients by the two offices will be analysed comparatively.

Metropolitan Office - Patch Work with Family Clients

Three of the six family clients observed were each offered one instrumental intervention with a low intensity value in conjunction with a combination of non-instrumental interventions with high intensity values. In all three cases the offer of the instrumental intervention was considered secondary to the primary offer of a combination of non-instrumental interventions.

In the first family case offered an instrumental intervention, the intervention involved was financial assistance during times of financial crises.

> "We work, that is Jane and me, on a crisis basis when she has no food and no money. She was recently robbed and things were stolen from her flat".

The offer to Jane and her family of one instrumental and a combination of non-instrumental interventions, was based on the worker's use of a non-routinising management technique. More specifically, the information introduced concerned the way Jane's personality affected her ability to cope with parenthood and the risk which this created for her children's emotional well-being.

> "Jane is a single parent. She has had a checkered life. Her mother abandoned her and her sister when Jane was 5. From the age of 5 to the age of 15 Jane was in care. At the age of 17 Jane became pregnant and went to live with her mother ... There are so many crises in her life I never know where to begin or what is relevant. She is good with her babies. Yet when one of her children is between the age of 18 months to 2 years she begins to see the child as doing things to her. She just is not able to deal with children after that age.

> She tends to use me as a mother figure and to tell me, when we meet, that she is not behaving properly. Young men come into her life but she loses interest in them. The relationships with them tend to break down. I think the breakdowns happen because she is depressed so much of the time.
>
> In her own way she tries to make a family for her children, but in the end she is just unable to take care of them. She needs support in her attempts but her behaviour is so immature and impulsive".

Summing up her understanding of Jane, the worker stated:

> "At times I feel that I know her only to find her unpredictable and impulsive. I find no pattern in her behaviour. An example of this was the time she took an overdose that was not strong enough to hurt herself - but it was a cry for help. Her impulsiveness and depressions go hand-in-hand. This is the most important feature of Jane.

Interpreting Jane's behaviour as 'proof' of her current psychological problems, the worker concluded that due to Jane's impulsiveness and depressions, the outcome of any social work interventions was unpredictable.

> "It is one of those difficult cases - difficult to get out of it. It is difficult to structure, to set limits. She is an inadequate person who presents all sorts of needs. We try to work together on a contractual basis but we end up working on a crisis basis as she has not money or no food ..."

An alternative search option that was theoretically available to Jane's worker was to interpret the same behaviour as 'proof' of her chronic inability to care for her children. If the social worker had chosen this work option, rather than concluding that the outcome of any social work assistance offered Jane was unpredictable, she would

have concluded that Jane was amenable only to instrumental social work assistance. However, the parallel non-instrumental interventions offered Jane and her family was help with her impulsiveness and depressions, which were seen as placing her children at risk to their emotional development. The following quotation illustrates the thinking underlying the interventions offered Jane. A consultant psychologist had been invited to a meeting with Jane's worker and the patch senior social worker to discuss the patch's continued contact with Jane.

> Psychologist: "Jane is behaving like a teenager, going to discos ... Maybe it is good for her to try out new lifestyles but she has to decide if she wants to have the kids in care or not".
>
> Ellen (Jane's social worker): "We are thinking about adoption but Jane doesn't help - she keeps changing her mind ..."
>
> Psychologist: "Jane is miserable with the children at home. She is unable to care for the children at home and that is the truth of the matter ... After her sister was assaulted while living with her, Jane talked about it all the time. We have to clarify these vicarious emotions with her".
>
> Linda (senior social worker): "Jane uses Ellen in crises only, in no other way. But Jane trusts Ellen. I suggest that we confront Jane - that she is a single parent with several children and that it is difficult for her as she wants to live her own life. We could suggest to her shared fostering. This way she might accept help. She is dogged by depressions".
>
> Psychologist: "Ellen is in an impossible position in her work with Jane. She (Jane) does not take up any of the suggestions that Ellen makes to her and then manipulates Ellen with her crises. I suggest that you threaten her, that if she does not come to see Ellen regularly the area office will take the case to a hearing (of the Children's Panel)".
>
> Linda: "Jane is good at excuses. She would see through this a mile away".

Psychologist: "There is a reality that the children need help".

Ellen: "Jane creates crises and we have to intervene because of the children. She knows us very well. We have to withdraw from Jane and let her flounder for a while, but also let her know we are around to help the children. We should help her say she has needs to be a teenager again and that we are there to help her, as with shared fostering. I intend to sound out Jane to see if she is open to this".

In the example of Jane, the offer of continued non-instrumental social work assistance was based on the worker's perceptions that Jane's behaviour put her children at psychological and physical risk. Without her children, as a necessary component in her history and circumstances, it is doubtful if she would have been offered such assistance. Discussing a similar case, a worker summed up this point.

> "My experience with adults who are beaten up - as battered wives - is that it is a déjà vu situation. They go out and get beaten up again ... If there is no motivation to change, we do not get involved (with adults). But it is our view that children must be rescued. Like puppies and kittens, children have no choice".

Although Jane was the 'identified' client, a valid argument can be made that her children were the 'real' clients. As will be shown in the following examples, children were a necessary component in a family's history and circumstances if that family were to be offered continued social work assistance. As in the case of Jane, in these cases the children's parents were the 'identified' clients while the children were the 'real' clients. In this way, family clients can be logically considered a sub-category of child clients.

Similarly, in the second example of a family client offered an instrumental intervention, the intervention was secondary to the primary offer of a combination of non-instrumental interventions. The instrumental intervention offered was financial assistance with the family's chronic budgeting problems. However, the worker constructed an understanding of the family based on her use of non-routinising case management techniques. More specifically, the information introduced was information about the psycho-emotional make-up of the family members that affected their relationships and put the youngest son at emotional risk.

> "The Allen family are a social institution by themselves. There is Mrs Allen and her two sons - John and Andrew.
>
> Mrs Allen is an ex-psychiatric patient with quite a long history. She is a caring person and very kind but she has a problem of compulsive buying and other recurring financial problems. She recognises, however, that she has this problem. But it seems that she is unable to do anything about it.
>
> Andrew, the oldest son, is in and out of care. He is at present in and out of the Albion Psychiatric Hospital. He is being treated as suffering from psychosis. But the doctor is not sure if he is psychotic. He thinks that Andrew might be acting ...
>
> John, the youngest son, is normal. However, the problem with John is his deep-rooted fears that one day he will wake up and find that he has the same problems as Andrew. He is very frightened that he might become crazy and end up in an institution like Andrew".

The non-instrumental interventions offered the Allen family in an attempt to maintain consistency with the understanding of the case were focused on helping the family with their emotional and psychological tensions in order to give John a "healthy future".

"I work with the family in a supportive role. I attempt to help Mrs Allen become more independent. Also, I try to make her face reality, and to see the consequences of her behaviour.

She has a long story that she was raped and that Andrew was the end product. She tells me that Andrew's father is a high military officer. It is possible that she was raped. In a way she has a positive transference with me as she is willing to tell me this story. I try and help her let out her feelings about Andrew ...

She is in touch with reality at times. She needs someone to tell her about the electricity bills and all. I see it as my job to help her keep in touch with reality and to be a consistent figure in John's life.

John could have a healthy future, but because of his brother's behaviour and his mother's illness, John is neglected. We thought several times in the past that we should take out parental rights in order to help John develop".

As in the preceding example of Jane, the Allen family was offered continued non-instrumental social work assistance because Mrs Allen and Andrew's behaviour put John at risk to his emotional well-being. As before, the Allen family is the 'identified' problem, whereas John is the 'real' client.

In addition to the family clients offered one instrumental intervention each on conjunction with a combination of non-instrumental interventions, the offer of non-instrumental interventions only to three of the six family clients is based on the social workers' use of non-routinising management techniques. More specifically, as in the two previous examples, the information introduced was information about the psychological make-up of family members as it affected children in the family and put them at emotional risk. In other words,

in all six family cases, a necessary component in the information abstracted from the totality of each family's personal history and circumstances was information about a child (children) at risk, or possible risk, to his (their) emotional well-being.

In a case that illustrates this point, the information abstracted from the total available range of information relating to the family's history and circumstances was information concerning the mother's psychiatric illnesses and the way these were felt to endanger the emotional well-being of her children. The worker in this case interpreted the mother's maladaptive behaviour as 'proof' of underlying emotional tensions between the mother and her children of a kind which put the children at risk. By contrast, the worker did not use the work option of interpreting the same maladaptive behaviour as 'proof' of the mother's chronic inability to take care of her children.

> "Jack's mother, Sandra, has a psychiatric history. She is a pretty disturbed lady. She was once living with a man who told her that he was a witch. Though he left her and is now living abroad, she says that he still talks with her. Her psychiatrist said that he thought Jack's father had a personality disorder. At the same time she had a post-natal depression when Jack was born.
>
> The case is a big family problem. Jack's older sister, Christine, returned home from care last December. She was taken back into care that same night. Sandra was pleased to see Christine. When Christine went to bed - Sandra was sick at the time - her mother got into bed with her. Probably because Christine was sleepy, she pushed Sandra away. Sandra probably saw this as a rejection. She began to hit and bite Christine. Christine screamed and the neighbours called the police. Christine was taken back into care".

Based on the abstraction of selective information from the history and circumstances of Sandra's family, the consistent non-instrumental interventions offered Sandra and her family were founded on the assessment of Sandra's emotional stability (or lack of it), and the way this affected her ability to cope with the physical and emotional needs of her children.

> "I developed a good relationship with Sandra. It was not easy for me to take Jack away as I know how much this would affect her. I have to get it right in my own mind before I take the children away.
>
> From January to May, Sandra went through phases of getting better and then getting worse. I measured these movements by the way she took care of herself and her house. There was a stage when Sandra was getting better and I felt that I was able to make plans for the children to go home. But in the end I decided that the children had to stay in care".

The similarity between the interventions offered child and family clients in the Metropolitan Office would therefore seem to derive from the similarity in the non-routine information abstracted from the personal history and circumstances of the clients in the two case types. More specifically, underlying patch work with child and family clients is the social workers' use of work options that introduce in interviews, as a necessary component in the social workers' construction of understandings of child and family cases, non-routine information about children at risk, or possible risk, to their emotional and/or physical well-being. The only difference in patch work with child and family clients is that in the case of patch work with child clients, the focus of the interventions offered was the child whereas with patch work with family clients the focus of the

interventions offered was the family. In both case types the underlying reason for the offer of continued social work contact was the attempt to ameliorate a situation which was seen as putting the children at risk. As with child clients, there are no exceptions to this work pattern with family clients.

Suburban Office Sub-team Work with Family Clients

Of the twelve family clients observed, one case was offered a combination of instrumental interventions with high intensity values only, six cases were offered a combination of non-instrumental interventions with high intensity values in conjunction with one or two instrumental interventions with low intensity values, and five cases were offered a combination of non-instrumental interventions to the exclusion of any offer of instrumental intervention.

In the first example of a family client offered a combination of instrumental interventions with high intensity values only, the interventions offered were designed to help the family with arrangements to renovate their flat.

> "The case was referred to the area office as Diana lives in a flat that is going to be renovated. She owns her flat. All the other flat owners in the building have already accepted council loans for the renovations. Only Diana never followed up the loan offer. The housing department is pressing her to take the loan".

One reason Diana was allocated to a sub-team worker was that her behaviour was seen as putting her son at physical risk.

> "Diana's son is about 4 or 5 years old. He is due to go into hospital for a heart operation. The health visitor and I are worried that unless the flat is renovated by the time he comes out of the hospital he will be returning to a flat that is unhealthy for him in that condition".

Although the risk to her son's physical well-being was one reason Diana was offered continued social work contact, other reasons included Diana's inability to manage her flat.

> "Diana is not bright. Her house is dirty, a shambles, totally disorganised. I tried to find out about the renovation plans ... Once I came to see her and during the discussion asked her if I could use her toilet. The toilet was not working and I could not believe the filth. I was aghast! I did not know what to do besides calling up the contractor to get an estimate".

Compared to work with all family clients in the Metropolitan Office, the decision to offer Diana continued social work contact was based on other reasons than simply those relating to a child at risk. In the case of Diana, the worker constructed an understanding of Diana as a 'real' client and not just as an 'identified' client. As a result Diana's worker was able to offer Diana a legitimate combination of instrumental interventions.

As illustrated by the case of Diana, the most significant difference between patch and sub-team work with family clients is that the sub-teams extract a wider range of information from each client's personal history and circumstances. To illustrate this point, let us look at the example of a family who were offered a combination of non-instrumental interventions with high intensity values in conjunction with an instrumental intervention with a low intensity value. The

instrumental intervention offered was help with rehousing a father and a son. However, the offer of both the instrumental and non-instrumental interventions was based on the worker's use of non-routinising management techniques that introduced information about both a boy and a father who were seen as at risk to their emotional well-being. More specifically, the information introduced included information about the father's distress, caused by the break up of his marriage, which was seen as putting him at emotional risk. As in the case of Diana, this family's worker constructed an understanding of the family that included an understanding of the father as a 'real' client.

The following quotation illustrates this point. Although the father's distress is discussed insofar as it affected his son, the qualitative focus of the worker's concern is the emotional well-being of the father.

> Mary (housing advisor): "Ruth, what is the mental state of Mr Holmes? He seems very upset. Is he possibly suicidal?"
>
> Ruth (Mr Holmes' social worker): "I haven't seen him since last week. I really can't tell you. I intend to see him today when he comes home from work".
>
> Mary: "There is a fair chance that he will be rehoused. He works and the split with his wife was a civilised split".
>
> Ruth: "Right now he is O.K. But I am worried about the future. How will things go for him in the future? I am concerned with his current state. I am also concerned about his son".
>
> Mary: "It seems to me that he is tired of the situation and wants to settle down again".
>
> Ruth: "I will go and see him this afternoon. I am concerned that he may be reacting to all the pressures on him".

Summary of Family Client Case Disposal in the Two Teams

The interventions offered family clients in both area offices differ considerably in two ways. First, family clients in the Metropolitan Office were offered a larger number of non-instrumental interventions than family clients in the Suburban Office. Second, family clients in the Suburban Office were offered a larger number of instrumental interventions than family clients in the Metropolitan Office.

Underlying these work variations is the different way each area office constructs understandings of family clients. Without exception, patch work with family clients is based on worker use of non-routinising case management techniques that introduce, as a necessary component in interviews with or discussions about family clients, information about children at emotional risk. In other words, on the basis of case type considerations, information about family clients is selectively generated and interpreted to provide 'proof' of children at risk. This results in making the children the 'real' clients and the 'significant others' in their lives part of the 'identified' problems. In this way, patch work with family clients is a sub-division of patch work with child clients.

Sub-team work with family clients is a mixture of workers' use of both routinising and non-routinising case management techniques. In contrast to patch work, sub-team workers abstract from the totality of each family client's biographical background a wider range of information, which includes information about an adult and a child (i.e. family) at risk. In other words, on the basis of non-case type considerations, case information is interpreted as indicating a family

whose members are at risk to their physical (Diana's family) or emotional (Mr Holmes' family) well-being, making both parents and children 'real' clients. As a result, the assistance offered family clients includes both instrumental and non-instrumental interventions as legitimate forms of social work assistance. Sub-team work with families, therefore, cannot be considered a sub-division of child client work. Rather, work with family clients is similar to sub-team work with elderly and mentally handicapped clients.

The reasons why the Metropolitan Office uses a narrow definition of family (children emotionally at risk because of their parents' behaviour) whereas the Suburban Office uses a wider definition (parents and children emotionally and/or physically at risk) must be seen in the context of the definition of family used in the Social Work (Scotland) Act. Although much of the Act assumes a shared definition of family with the reader, family is never defined clearly as a population group. Therefore area offices are relatively autonomous in developing their own working definition within a broad sociological understanding of family as individuals living together. As shown elsewhere in the thesis, in many ways definitions of clients are constructed in ways responsive to organisational pressures in the area office. Work with family clients is no exception. With its large workloads, a narrow definition of family allows patch workers legitimately to control the pressures on, and the make-up of, their individual caseloads. With a smaller workload, there is less pressure on sub-team workers to manage the make-up of their caseloads. The office, therefore, is able to use a wider definition of family.

Summary of Client Case Disposal : Metropolitan and Suburban Offices

Diagram 21 outlines the interventions offered clients in both area offices.

In the Metropolitan Office, patch work with all client case types follows established work routines with only one case exception. These work routines are based on case type considerations that determine how and what information patch workers abstract from the total range of each client's personal history and circumstances. The younger a client, the more likely it is that information about him will be generated and interpreted as 'proof' of emotional problems that put him at emotional risk. The older a client, the more likely information about him is generated and interpreted as 'proof' of his chronic, unchanging behaviour (stereotypes). As a result, young clients are offered non-instrumental interventions whereas older clients are offered instrumental interventions. The one exception is patch work with mentally handicapped clients. As such clients are perceived as chronic clients who are intellectually and functionally limited, they are offered only instrumental interventions whatever their age.

In comparison, in the Suburban Office, sub-team work with all but child clients does not follow established work routines. Rather, work with such clients is characterised by workers' use of both routinising and non-routinising management techniques based on non-case type considerations.

DIAGRAM 22

Case types

Metropolitan Office	Search options	Exceptions	Case disposal determinants
1. Elderly	Routine	None	Case type considerations - age of client
2. Mentally handicapped	Routine	1	Case type considerations - intellectual and functional limitations
3. Children	Non-routine	None	Case type considerations - age of client
4. Family	Non-routine	None	Case type considerations - age of client
Suburban Office			
1. Elderly	Routine and non-routine	-	Non-case type considerations
2. Mentally handicapped	Routine and non-routine	-	Non-case type considerations
3. Children	Non-routine	None	Case type considerations age of client
4. Family	Routine and non-routine	-	Non-case type considerations

Child clients are an exception to this general work pattern. As shown earlier, child clients constitute the one case type in which social workers use non-routinising management techniques exclusively based on the consideration of the client's age. Two possible reasons (as outlined on p. 237) account for this exception to the general office work patterns: (i) public sensitivity to child welfare issues, and (ii) the detailed nature of Sections 16 and 17 of the Social Work (Scotland) Act.

In the Metropolitan Office, work with all client case types follows established work routines. This reflects the office's concern for the management of the large number of cases referred to the office in general and the patches in particular. The focus of office management is to ensure that workers manage their caseload pressures through the use of case type considerations (based on rigid work patterns) that predetermine how clients are understood and helped. As a result, client understanding and intervention offers are routinised and systematised. Interestingly, the use of established work patterns results in a disjunction between the way office workers understand and work with clients (and referrals) and the nature of the office's geographical area of responsibility - although the latter is changing rapidly, office workers understand and work with clients living in the area according to rigid work routines. In other words, Metropolitan Office work routines would seem to be geared to making an unstable environment stable.

By contrast, in the Suburban Office it is only child clients who are understood and helped on the basis of an established work routine. With less pressure to manage referral number pressures, the focus of

office management is on ensuring that workers manage their caseload pressures through the use of a workload management scheme (WLM) based on flexible work patterns that do not predetermine how clients are understood and helped. As a result, sub-team workers have relatively wide freedom to determine how clients are understood and helped. A further comparison can now be made between the two offices. Although the Suburban Office's geographical area of responsibility is relatively stable, office workers understand and work with clients living in the area according to non-rigid work patterns.

These points are discussed in detail in the following chapter.

CHAPTER 6

Legitimising and Sustaining Client Understanding Construction

How do social workers in each area office legitimise and sustain that area office's work patterns with clients?

Why is a particular set of work patterns and ways to understand clients used in one area office and not in another?

Chapters 4 and 5 analysed the work routines used by social workers in both area offices to construct understandings of and work with referrals and clients. Variations in these office work patterns have been interpreted as deriving in large part from the different way social workers respond to the different referral pressures on each area office's 'front door'.

Metropolitan Office workers respond to a large referral rate by constructing sets of understanding vocabularies that reflect each of the office's sub-units' (e.g. intake team and patches) different work perspectives. For example, the intake team's vocabulary of understandings, constructed to manage the large referral rate, is significantly different from the patches' vocabularies which were constructed to provide a personal social service to individual clients. As shown in the previous two chapters, the intake team and the patches construct different understandings and offer different interventions to clients of the same case type.

If an organisation's management and control of its vocabulary of understandings is one way of delineating its structural boundaries, under certain circumstances the Metropolitan Office's intake team and patches are organisations in themselves within the larger organisational

environment of the area office.

In response to a smaller referral rate, Suburban Office workers have constructed one work perspective and one vocabulary of understandings that is shared by the office's different organisational units. For reasons outlined in the two previous chapters, the vocabulary of understandings used by duty system workers is the same vocabulary as that used by sub-team workers.

In an organisation's management and control of its vocabulary of understandings is one way for that organisation to separate its structural boundaries from the larger environment in which it exists, the Suburban Office's duty system and sub-teams cannot be considered as organisations in themselves but only as organisational sub-divisions of the area office.

Although social workers in each office construct significantly different understandings of referrals and clients (and in the Metropolitan Office these understandings vary between the intake team and the patches that make up the office), both area offices share a work rationale. Given that an area office's vocabulary(s) is circumscribed and represents a particular understanding of the office's geographical area of responsibility, the basic common denominator used in both area offices in constructing understandings of the working with clients is that each case is understood and worked with as an individual case unit of concern.

The exclusive use of a circumscribed vocabulary, based on a shared work rationale, appears paradoxical when considered alongside the fact that alternative understanding and work options are readily available to all area office staff either through formal studies, (1) informal

readings, (2) political affiliations or personal interests.

Metropolitan Office : Legitimising and Sustaining Referral and Client Understanding Construction

To attempt an exhaustive analysis of all those area office meeting forums in which referral and client understandings are constructed would make the discussion unduly lengthy, and in any case have little relevance to the overall goals of the research. Rather, the following discussion will try to analyse in detail three primary forums in which the construction of understandings is achieved or evaluated through public discussion; or, as in the case of general office staff meetings, where understanding constructions are conspicuously not discussed. These three forums are: (i) the intake team allocation meetings; (ii) the patch staff meetings, and (iii) the general area office staff meeting. When appropriate, references will be made to other forums. Each of these forums was chosen to illustrate a different aspect of the legitimising and sustaining of client understanding construction in the Metropolitan Office.

The analysis of intake team allocation meetings is intended to illustrate these processes in those examples of case disposal which involve only the intake team staff. As understanding construction options used in these instances are limited to those options which are included in the vocabulary of only the intake team, the two processes are analysed from the perspective of the intake team as an organisation within the organisational environment of the area office.

The analysis of patch staff meetings is intended to illustrate the same processes in those examples of case disposal that involve other workers than the patch staff. In this respect, the two processes are

analysed from the perspective of the patches as organisational sub-units of the area office.

The analysis of the general staff meetings is intended to illustrate how the area office sustains the use of more than one vocabulary of understandings which are at times not entirely consistent with each other. That is, conflicting understandings of the same client can be constructed from each of the different vocabularies.

Intake Team Allocation Meetings

The daily allocation meetings take place each work day from 8.30 to 9.30. This period of time is divided into two time segments. Between 8.30 and 9.00 the intake team worker responsible for the day's case allocation prepares the previous day's referrals for presentation by reading the case file notes of each case to be presented. Between 9.00 and 9.30, in a scheduled meeting open to all area office staff but attended only by intake team workers and the office's occupational therapists, the same social worker presents each case separately in chronological order. That is, each case presentation is divided into three parts: (i) the case presentation; (ii) the 'open' discussion about a case, and (iii) the case disposal decision. A new case is not presented unless a case disposal decision is reached in regard to the preceding case.

The following are examples of case presentations at one allocation meeting.

"Mrs Tanner lives in the east patch section of the City. She is a referral for occupational therapy. We should see how things are getting on with her. Referral to O.T."
(The case file was then handed to one of the occupational therapists)

"Dorothy Skinner is an elderly woman living at home. The district nurse made a request that we supply her with a high chair. This is a referral to O.T."
(The case file was then handed to one of the occupational therapists)

"George McKinley is an elderly man. The referral was made by his health visitor. She said that George has difficulties getting in and out of his bath. This is a referral to O.T."
(The case file was then handed to one of the occupational therapists)

"Mr and Mrs Johnson came into the office yesterday. Mrs Johnson is 4 months pregnant. They arrived with no money or place to live. The DHSS referred them to us. The duty social worker (not an intake team worker) referred them to Housing".
(A short discussion followed as to whether this was an appropriate intervention).
"The duty worker closed the case after she referred them to Housing. We should wait and see if they return. Until then, case closed".

"John (a known NFA) came in for clothing. The duty worker had no clothes to give him. Case closed".

"An interesting case. Steven (a known NFA) was in on Friday. He said that he had no money. Pat gave him some food vouchers. He told Pat that he would pay back the money. Yesterday he came and paid the money back".
"I'm pleased".
"What a surprise".

"Mr and Mrs Whyte are both elderly. Relatives called to say that Mr Whyte died. They requested help to raise the toilet seat".
(A short discussion followed with the intake team workers 'pooling' information about the case).
"I think a social worker should be allocated the case".
(A short discussion followed to decide who was to be allocated the case).
"Carol will assess the case".
(The case file was then handed to Carol)

Although the stated purpose of the intake allocation meetings is the presentation, discussion and disposal of the previous day's referrals, case presentation and discussion rarely go beyond a presentation of a case by the intake worker responsible for the day's allocation based on her impressions of the case from case file notes. In other words, the categorisation of referrals according to case types is used by intake team workers as a shorthand form of communication. For example, the categorisation that "George McKinley is an elderly man" communicated to the meeting's participants certain characteristics of the person that needed no further clarification but rather 'labelled' him as an 'elderly man'. The same information abstracted from the cases of Mr Tanner, Mr and Mrs Whyte and Dorothy Skinner was not compiled to form a larger, sociological understanding of elderly people as people living in poor housing who are directly affected by Albion's housing policy not to build special flats for elderly people. The same is true with NFA referrals.

It is difficult, however, to explain the general passivity and seeming indifference of intake workers in these meetings. The question is more paradoxical if viewed in the light of the same workers' general enthusiasm for and commitment to their work. One way to explain their behaviour in these meetings is to consider the behaviour as exceptional. However, as posited by Simon, a more consistent and insightful way to understand intake team worker behaviour in allocation meetings is to see it in terms of the inability of the individual worker to understand and comprehend the consequences of his organisational behaviour. (3)

To clarify this point, it is helpful to view the intake team allocation meetings as the nexus of two conflicting work pressures. On the one hand there is the organisational pressure on the intake team to manage the large referral rate on the office's 'front door'. On the other hand, there is the workers' commitment to the professional value and shared work rationale of providing a personal service to people in need. (4) As these two pressures are not compatible, a 'gap' results between the expressed goals of the organisation and the passive behaviour of the workers in these meetings. The reason for this is that the individual worker is able neither to understand fully the implications of this nexus of conflicting pressures nor to bridge the 'gap' within the structure of the area office as it is currently organised.

For the purposes of this study, however, the intake team is analysed in the light of the fact that it was developed, over a period of time, to respond to the large referral rate on the office's front door. In contrast to the stated purpose and goals of the allocation meeting, the proceedings of these meetings show how the intake team's vocabulary of understandings is legitimised and sustained as the accepted form of shorthand communication about referrals to the area office.

The legitimising of the Intake Team's Vocabulary of Understandings

The structure of the allocation meeting would seem to legitimise the intake team's vocabulary of understandings in three basic ways.

(i) The daily allocation meeting is a public meeting. As such, the decisions made are considered representative of office opinion and consensus. However, these meetings are attended only by intake team staff and the office's occupational therapists. As a result, the referral understandings constructed in these meetings are taken from the intake team's vocabulary.

(ii) In conjunction with the above example, the presence of a senior social worker at these meetings lends administrative authority and official acceptance of decisions made.

(iii) The time made available for discussion of each case is limited to between $1\frac{1}{2}$ and $2\frac{1}{2}$ minutes per case. Within this time constraint, discussions tend to be limited to case descriptions that are either shorthand, stereotyped descriptions that are consistent with the intake team's vocabulary, or more lengthy and detailed descriptions that in some way deviate from the intake team's vocabulary of understandings. In other words, in order to 'get work done', discussions about referrals tend to be routinely based on shorthand communications that are consistent with the intake team's vocabulary of understandings.

The Sustaining of the Intake Team's Vocabulary of Understandings

Two examples illustrate the way the intake team's vocabulary of understandings is sustained in an environment that uses alternative understanding construction options.

(i) Referrals are discussed as complete and separate case units. Each case presentation is structured with a beginning (case presentation by the intake worker responsible for the day's referral allocation), a middle ('open' discussion) and end (case disposal decision). As such, there is little opportunity in the meetings to compile similar information of referrals of the same case type. As a result, intake workers do not have to rationalise their work in the light of alternative understanding options not included in their vocabulary of understandings.

(ii) Patch workers, who work temporarily as standby-intake workers, are socialised to construct understandings of referrals that are consistent with the intake team's vocabulary of understandings. In many instances, this involves their working with the same client case type with one 'style' as a patch worker and with a very different 'style' as a temporary intake worker. This point is illustrated in the following quote from a discussion with a new patch worker in which she described her work as an intake team standby worker.

Researcher: "How did you learn what to do on duty?"

Clara: "I used by commonsense. Also, I tried to apply what I had learned and did in other area offices. If in doubt I would ask someone who was handy. Things did surprise me - as the area office has no Section 12 policy".

Researcher: "NFAs?"

Clara: "I knew of their existence. I knew that there is a list of acceptable B and Bs. I knew it was a problem of no money. They need money for food. I asked the duty senior social worker what to do and he told me to give them food vouchers".

Researcher: "Why did you ask the duty senior?"

Clara: "The man had no money, was sleeping rough and what was I to give?"

Researcher: "Is there a difference between Mary and other NFAs?" (Mary is discussed in Chapters 4 and 5. Mary was allocated to Clara when Mary's former patch worker left the area office.)

Clara: "I am in contact with Mary because of the child. I am someone she is able to talk with about helping the child. NFA is a straightforward request. I do not go into detail ... True, I do pick up the expectation that the people you see want money. That is around. The NFA I do work with seem to be interested in money ... The more you offer a NFA, the more you lead him on. The more you raise his expectations. If you are just a person who hands out money, that is a different thing. They come into the office with the expectation of how to gear themselves to get money.

I should go beyond. One case came in about a man who was homeless. His brother-in-law called. They had the expectation that I would find him a house. I spent a long time in the interview getting his history, how he became homeless. He has a history of mental illness. At one point he got up and walked out of the office saying that no one is able to help him".

Researcher: "What recommendations did you make to the intake team?"

Clara: "I went to the next day's allocation meeting. I asked them what should I do? At the meeting it was decided that there was no point in communicating with the family. It was no good to raise expectation. I was not satisfied but I am not an intake team social worker".

Researcher: "How did this affect your work on duty?"

Clara: "I think about the limits of my time. If interviews are 45 minutes, then any more than 45 minutes I spend in an interview affects the next case. The fact that I pass the case onto the intake team means that I just give them a sketch of the person I interviewed. It affects the way I work".

Researcher: "How?"

Clara: "I get into the problem straightaway and solve it. Not complicated. Otherwise I need time to get into the story. It affects the way I work if I have three appointments waiting for me. Either I cut the assessment short or ask the man to return. But if he returns he will not see the same worker. If I am working with a case on a long-term basis, I spend with the person as much time as is necessary.

I do not spend a long time writing the intake forms. I edit it. I do not fill in the background (of the case) as that might or might not be useful. Obviously I can say more than I write. I am aware when I write up the forms that I am recommending a certain thing. I therefore write the report in a certain way. More and more, as I get to know the things that are accepted, I write the report accordingly. I will not write that an electricity bill should be paid if that is not done in the office. I define what is the problem - if it is an NFA or elderly. I am labelling someone. That catches the eye. If I read in a previous write-up that 'he had no shoes' and today he had no overcoat, I do not think that he is coming into the office to talk with me about his daughter. I do not get into that".

Running through the above discussion are two themes: (i) the method through which Clara was socialised to construct understandings of and work with referrals in ways that are congruent with the intake team's work perspective and vocabulary of understandings and (ii) her

dissatisfaction with, but acceptance of, this way of working with referrals.

The socialisation started the moment Clara asked the duty senior social worker for advice as to how to help a man who "had no money, was sleeping rough and what was I to do", and received the routine answer to offer the man food vouchers. At that moment she had at her disposal the alternative search options of understanding the man in terms either of how his poverty affected his emotional well-being, or how the man's poverty was an example of how the unequal distribution of opportunities and resources in Albion affected certain of its citizens. However, Clara chose to take the duty senior's advice and offer the man food vouchers.

The socialisation of Clara continued when she tried to communicate, in an allocation meeting, her non-routine understanding of a homeless man and received routine, instrumental advice as to how to help him. Because of this, Clara made an important distinction between her work as a patch social worker and her work as a temporary duty worker.

> "I asked them what should I do? At the meeting it was decided that there was no point in communicating with the family. It was no good to raise expectations. I was not satisfied but I am not an intake worker".

Using this work distinction, Clara subsequently changed her way of working with referrals to one that was consistent with the intake team's work perspective and vocabulary of understandings.

> "NFA is a straightforward request ... The NFAs I work with seem to be interested in money ...
>
> More and more, as I get to know the things that are accepted, I write the report accordingly".

Although Clara expressed dissatisfaction with the intake team's method of work with referrals, the socialisation process was successful. But underlying her acceptance of the intake team's work routines was her acceptance of the intake team's inability to bridge the two incompatible demands on intake team work: the need to manage the large number of referrals to the area office and intake team workers' professional values.

> "I get into the problem and solve it rightaway. Not complicated. Otherwise I need time to get into the story. It affects the way I work if I have three appointments waiting for me. Either I cut the assessment short or I ask the man to return. But if he returns he will not see the same worker. If I am working with a case on a long-term basis I spend with the person as much time as is necessary".

Viewing the intake team as an organisation within the wider organisational environment of the area office, Clara's statement illustrates some of the work pressures on temporary duty social workers to construct understandings of referrals in ways that sustain the intake team's vocabulary of understandings by preventing its pollution by alternative understanding options. As long as case disposal involves only intake team social workers or patch social workers working temporarily as duty workers, the intake team's vocabulary of understandings is sustained as the only consistent way available to intake team workers to understand and work with referrals.

If, however, one views the intake team as one of several area office organisational sub-units with different vocabularies of understanding, the central question in those instances when a case is referred from the intake team to a patch, is how Metropolitan Area Office social workers sustain the area office's different vocabularies of understandings whilst at the same time allowing for the reconstruction and legitimation of a new understanding as a case is transferred from one area office sub-unit to another. This issue is discussed in detail in the following analysis of patch staff meetings.

Patch Staff Meetings

Viewing the patches as organisations within the wider organisational environment of the area office, in those instances when client case disposal involves only patch social workers the processes of legitimising and sustaining client understanding construction are similar to those which have already been noted in the intake team. The central question for analysis, however, when a case is transferred from the intake team to a patch, is how do Metropolitan Office workers legitimise and sustain two or more vocabularies of understandings even when these vocabularies might be inconsistent with each other? This question is analysed primarily in relation to the successful transfer of Mary from the intake team to a patch. The case of Mary, as described in Chapters 4 and 5, in fact provides a quintessential example of the successful transfer of a case from the intake team to a patch, involving the negotiation between two sets of social workers using incongruent vocabularies of understanding.

The crucial elements that contributed to the successful transfer of Mary from the intake team to a patch were: (i) the presence of a public negotiation procedure that allowed for the reconstruction of an understanding as a case was moved through the office's different units, and (ii) the fact that such meetings were structured in such a way as to limit public discussion to the reconstruction of an understanding within the framework of the shared work rationale.

The idea of a shared work rationale as a necessary element in the daily functioning of a multi-disciplinary organisation was first formulated by Strauss et al. in their study of change in a hospital. They found that change was negotiated within the framework of a shared work rationale whose central objective was the return of the patient to the community.

> "(The work rationale) can be used by any and all personnel as a justificatory rationale for the actions that are under attack ... In short, although personnel may disagree to the point of apoplexy about how to implement patients getting better, they do share the common institutional value (of returning the patient to the community)". (5)

Similarly, although different understandings of Mary were first constructed in the intake team and later in the patch, the transfer of Mary from one office unit to a second was made possible, as both the intake team and the patch shared a work rationale of personal service delivery to individual case units of concern. More specifically, although the intake team generated and interpreted information about Mary as 'proof' of her chronic NFA behaviour, the routine interventions

she was offered were focused on helping her with her individual instrumental problems. Similarly, although the reconstructed understanding of Mary was based on the generation and interpretation of information about Mary as 'proof' of individual psychological needs as she approached motherhood, the interventions she was offered were focused on helping her deal with individual emotional problems that put her, and her future child, at both physical and emotional risk. (6) Because the intake team and the patch shared this work rationale of personal service delivery, they"could disagree to the point of apoplexy" about how to work with Mary, but they do share the common institutional value of personal service delivery to individual case units of concern.

If the shared work rationale allows for the successful transfer of Mary from the intake team to a patch, the structure of these transfer meetings prevents the pollution of the intake team's and patches' vocabularies and the public questioning of the validity of the office's shared work rationale. Though it is not the intention of this research to suggest that workers consciously 'avoid' discussion of alternative understanding options that are neither included in the office's vocabularies nor fit within the framework of the shared work rationale, the structure of these meetings tends to reflect the necessity to get work done within the work rationale rather than the public discussion of 'theoretical' alternative understanding options.

As pointed out in Chapter 5, the discussion in which Mary was transferred had a clearly defined 'beginning', 'middle' and 'end'. The 'beginning' centred on the intake team's liaison worker's presentation of Mary to the patch. The discussion's 'middle' centred on the public discussion (and reconstruction) of those characteristics

of Mary that made her a client. The discussion's 'end' centred on the public acceptance of Mary as a valid patch client. As a result, the structure of the discussion focused the attention of the meeting's participants on the task of deciding whether or not Mary was a valid patch client. In other words, in order successfully to transfer the case, the liaison worker had to present Mary to the patch as an <u>individual</u> who was amenable to non-routine social work assistance.

In this meeting in particular, and other office meetings in general, there is no 'pooling' of information about clients of the same case type to draw wider understandings and conclusions of clients and their problems. For example, as long as the discussion centred on Mary and her individual emotional or instrumental problems, then information about Mary was not used to draw conclusions that her case was representative of the way Albion's housing policy affected the emotional well-being of the City's single homeless. As first discussed in Chapters 1, 4 and 5, this is an additional example of the ways an organisation's technology determines how it defines its raw material, and not vice-versa, as is posited by Perrow.

In this way, the reconsideration and reconstruction of clients takes place as cases are transferred through the office's different organisational units. The above analysis is also showing how two conflicting vocabularies are legitimised and sustained within the single organisational structure of the area office.

Sustaining the Use of Two Alternative Vocabularies of Understanding In a Single Area Office

The preceding discussion analysed the way workers in the office's sub-units negotiated and reconstructed understandings of referrals and clients as they are moved through the office's different organisational units. The following discussion examines how the office sustains the use of its work rationale in a world outside the area office that uses alternative vocabularies. The discussion is divided into three parts: (i) a short discussion of the office's workers' use of building space; (ii) an analysis of information flow within the area office in general and the general staff meeting in particular; and (iii) an analysis of the management of information concerning the outside world in the area office.

Use of office building space: As discussed in detail in Chapter 3, Metropolitan Office office space is used in ways that limit communication between the different sub-units. Space is primarily divided into offices designed for one or two workers, with a minimum amount of space available for public meetings. In addition, time spent in the one large public room is not considered a part of work time. As a result, there is little opportunity for public discussion of alternative understanding options not included in the office's vocabularies of understandings.

Information flow within the area office - general staff meetings: If the way space is used limits the possibilities for informal or formal discussions between area office workers, the primary mode of general office communication is the weekly general office staff meetings.

These meetings are scheduled for two hours every week.

Working from the assumption that an organisation's vocabulary distinguishes the boundaries of that organisation from the wider environment in which it exists, the general office staff meetings may be seen as the primary forum in which information about the 'outside' world is formally disseminated to area office workers. That is, these meetings are the main 'permeable' discussion forum in which information from within (that is, from one office sub-unit to another) and from without (sources outside the office other than clients) is received and disseminated in the office. (7)

An analysis of these staff meetings illustrates how the flow of information into, and from within, the office is managed in ways that legitimise understanding construction within the office's sub-units, of referrals and clients as individual cases units, whilst at the same time sustaining the use of two or more circumscribed, incongruent vocabularies of understanding.

One method by which information is disseminated in the area office is through the use of an information sheet that also serves as the agenda for area office staff meetings. Two days before each staff meeting, each area office worker receives a copy of the week's information sheet along with a copy of the minutes of the previous week's meeting. Listed below are examples of topics from two representative information sheets.

Information sheet from 25.10.1979

1. Files left at reception
2. Probation orders
3. Attendance at courses
4. NAI : tapes and slides
5. Family income supplement
6. Change of circumstances forms
7. Foster parent campaign
8. Employment benefit forms.

Information sheet from 1.11.1979

1. Fuel poverty news
2. Course offer - Changing policy and social policy
3. Booklet - Financial advice for students
4. Dickens Family - If the family comes to the office, refer them to _____
5. New social work trainees
6. Staff x-rays
7. Section 12 amendments.

As shown by these lists, with the exception of the office's directive that the Dickens family was to be referred to an outside agency, the primary topics of discussion at these meetings revolve around issues of general office administration. Conspicuously absent from these lists (and therefore not discussed) is information about specific clients (or client case types). As a result, office staff in these meetings rarely discuss either the conflicting ways the office's different sub-units construct different understandings of the same client case type or alternative ways to understand and work with clients not included in the office's vocabularies. Rather, the primary focus of the weekly staff meetings is the discussion and implementation of ways of facilitating the construction of understandings of and ways of working with referrals and clients in

the office's sub-units. As a result, the responsibility for how clients are understood and helped (changed) rests entirely with the intake team and the patches.

At times the office receives information about alternative ways to understand and work with clients that are not included in its vocabularies. Whereas the potential problems created by the conflicting understandings and work options used in the office's sub-units are managed by 'avoiding' public discussion of these differences, a slightly different form of information management was used when the office was sent a booklet that defined poverty in terms of the unequal distribution of a community's resources. Entitled "Poverty and Inequality : The Facts", the booklet was received and listed as received on an information sheet. However, the booklet was neither read before the meeting, nor discussed in the meeting nor referred for discussion after the meeting. In fact, the booklet publicly passed through the office with no mention of its content.

The importance of the booklet was minimised when it was listed on an information sheet along with 25 other items for discussion. As the rationale of these meetings is to discuss administrative matters and not client understanding construction options (the responsibility of the office's sub-units) and because of the time pressure created by the need to discuss 25 items of business in 2 hours, the discussion of poverty in terms of the unequal distribution of resources was given a low priority. As the general staff meetings are the only forum in which such information is disseminated to office staff, the result is that such information will never be used to 'pollute' the office's vocabularies nor to question the validity of the office's shared work rationale.

Until this point in the analysis, the discussion has focused on the information management techniques used in the office through which the office's vocabularies of understandings and shared work rationale are sustained. However, underlying the effectiveness of these techniques is the fact that these techniques are an extension of the way office workers understand and work with the world around them, outside the area office.

Management of information concerning the world outside the area office: Given that office workers come into daily contact with and work in a world outside the area office which is inhabited by people and organisations that understand the office's geographic area of responsibility in very different ways, a central question is how do area office workers organise information about that world in the context of the area office.

One answer is found in the way area office social workers qualitatively distinguish between different types of information about the world outside the area office. Social workers tend to divide this information into two types. On the one hand, is information about the world outside the area office that has little causal connection with the way an office's workers currently understand and work with clients. This information type includes information about alternative understanding construction options that are not included in the office's vocabularies. Two examples of this information type are (a) the booklet sent to the office entitled "Poverty and Inequality : The Facts", and (b) information about land use pressures in the office's geographical area of responsibility.

On the other hand, is information about the world outside the area office that is seen as having a causal connection with the way the office's workers currently understand and work with clients. This second type comprises information that facilitates the current area office mode of understanding and working with clients. As long as clients are understood and helped on the basis of a shared work rationale of personal service delivery to individual case units of concern, the first information type is less germane than the second type to the shaping of the area office social workers' response to the organisational necessity for changing (helping) clients (raw material) in a particular way. In other words, office workers use information about the office's geographical area of responsibility selectively.

These points may be illustrated by two sets of examples. The first set illustrates some of the organisational pressures workers experience to make these qualitative distinctions between different types of information. The second set of examples illustrates the way social workers compartmentalise both types of information into (i) activities concerned with their work in the area office, based on a shared work rationale, and (ii) activities outside their work as area office social workers. As will be shown, there is no 'cross pollution' between these activities and information types.

The first set of examples are workers answers' to two questions: (i) what is the role of the area office with regard to poverty in the area office's geographic area of responsibility?; and (ii) what is the role of the area office with regard to a planned extension to the Albion Sports Centre which entailed the demolition of several tenement houses in the office's geographical area of responsibility?

Question 1

Researcher: "What is the role of the area office in regard to poverty in the area office's geographic area of responsibility?"

Senior social worker I: "I wish we did not have to give money. I find that it gets in the way of casework. For example, a couple have a relationship problem but then they receive a gas bill. They will not let us help unless they first receive help to pay the bill. Income maintenance is not our role.

We should gather evidence about people caught in the poverty trap. But we once did this. We could pressure the local MP. We did this once but he wanted facts. We started but somehow it fizzled out".

Senior social worker II: "What is our role? Some aspects of poverty are tackled in the area office. Our contact with poverty is through individual cases - if people are ignorant of their benefits etc ..." (Researcher: "What about the unequal distribution of resources in Albion?") "That is up for debate at the present. We deal with individual cases".

Senior social worker III: "We are insulated from the extent of poverty that is seen in other area offices. The centre of the city has been cleared of the worst slums and people have been moved to housing estates on the outskirts of the city. They have problems of poverty on these estates - for example, poorly insulated houses - with the result that people receive high fuel bills they can't pay. Fuel costs eat into the budgets of poor families.

I came from the _____ Area Office. The area office has several housing estates (in its geographical area of responsibility). Clients come into the office and hand duty workers their fuel bills. That does not happen here. Old tenement houses are more fuel efficient. Therefore we do not have the same problems.

We do have arguments about the use of Section 12. These arguments are on individual terms ... We have it easy here except for NFA and hostel residents".

Question 2

Researcher: "What is the role of the area office with regard to the planned extension to the Albion Sports Centre that entailed the demolition of several tenement houses?"

Senior social worker I: "I feel that we need to feed this information up ... Our level of pressure is not effective. We feed information upstairs but nothing happens. Outside agents are more effective".

Senior social worker II: "We should have a role but I am not sure what is that role. If we do get involved out there, less work will be done in the office. But are we the appropriate agency to do it? There are voluntary organisations that are involved in this issue. We should have more contact with the physical environment. We should rethink our community involvement".

Senior social worker III: "I went to a demonstration against the extension plans. The issue was drawn to the attention of my patch but not a lot was done about it. No one took an active part in the issue. This is connected to the interest concerns of patch social workers. Patch workers are concerned with micro-issues. This is partially accidental. I feel that we should relate more to the community but I do not feel confident doing so. There is an area office community worker, therefore I do not feel that we have to get involved".

Senior social worker IV: "We feel strongly against the extension. But we cannot do anything as an area office. Part of the reason for this is that we are so pressurised in so many ways that we are not able to get involved in these issues.

Three inter-related themes run through the answers to the above questions: (i) the overall variety of answers; (ii) the attempts by the senior social workers to redefine the problems posed in terms of the office's work rationale; and (iii) the seniors' feelings of frustration, helplessness and confusion about finding solutions to problems about the office's geographical area of responsibility when these solutions require a work technology that is considerably 'wider' than the office's shared work rationale.

(i) The overall variety of answers must be viewed in comparison to the office's rigid work patterns. This striking comparison between the office's rigid work patterns on one hand and the variety of answers to problems defined in terms not included in the office's vocabularies on the other hand, illustrate (a) how widely shared is the office's work rationale as a way of understanding and working with the office's geographical area of responsibility and (b) how social workers selectively filter information about the world outside the area office.

For example, to the first question, the variety of answers included definitions of poverty in terms of income maintenance, fuel costs and individual cases of poverty. In answer to the second question, the variety of answers included 'seeing' the problem of the sports centre extension in terms of the office's powerlessness to effect any change and that it was not the responsibility of the area office.

(ii) Posed with the need to deal with problems in the area office's geographical area of responsibility which were defined in terms which were not consistent with the office's vocabularies, each of the seniors attempted to 'manage' the question by redefining the question in terms of the office's work rationale. By doing this, they were then able to suggest the technology of the office's work patterns as possible solutions to the 'redefined' problems.

For example, to the first question, the redefining took the following forms:

"I wish we did not have to give money. I find that gets in the way of casework"

and

"We deal with individual cases"

and

"We do have arguments about Section 12. These arguments are on individual terms".

In two of the three answers, the seniors redefined the question of poverty to see it in financial terms. In all three answers, the seniors redefined the question in terms of the individuals affected by poverty.

In answer to the second question, the seniors' answers followed a slightly different pattern. Because the problem posed was an actual event that took place, it was more difficult to redefine than a general question of poverty. They concluded, however, that the extension plans were either not the concern or responsibility of the area office or that it was beyond the power of the office to effect any change.

(iii) Whereas the first two themes show how senior social workers tried to redefine the questions posed in terms of the office's work rationale, or concluded that the problem was not the direct concern of the office, the third theme gives some insight into workers' confusion and feelings of frustration, in relation to problems within the office's geographical area of responsibility whose solution might require a type of work technology wider than the office's shared work rationale. As a result, it is possible to see the senior's attempts to redefine the problems posed as consistent with the office's need to maintain a consistent relationship between the office's work technology and its vocabularies of understandings. Otherwise, if they had not redefined the problems posed, a disjunction would have arisen between the way they understand the problems and the office's work technology. As will be shown, the result of the seniors' loss of control over how problems are defined (the researcher defined the problems posed) and the subsequent disjunction between the office's work technology and its vocabularies of understandings is a sense of frustration, helplessness and confusion.

(These findings should also be viewed as further evidence for the idea that in many ways an organisation's work technology determines how workers understand an organisation's raw material.)

> "We should gather evidence about people caught in the poverty trap. But we do not do this. We could pressure the local MP. We did this once but he wanted facts. We started, but somehow people forgot and it fizzled out"

and

> "I feel we should feed this information up ... Our level of pressure is not effective. We feed information upstairs but nothing happens. Outside organisations are more effective"

and

> "We should have a role, but I am not sure what is that role. If we get involved out there, less work will be done in the office. But are we the appropriate organisation to do it"?

and

> "I went to a demonstration against the extension plans. The issue was drawn to the attention of the patch but not a lot was done. No one took an active part in the issue"

and

> "We feel strongly against the extension. But we cannot do anything as an area office. Part of the reason for this is that we are so pressurised in so many ways that we are not able to get involved in these issues".

On one level these answers are paradoxical as each senior social worker is well acquainted with alternative ways of understanding and working with the office's geographical area of responsibility not included in the office's vocabulary of understandings. For example, two of the seniors are active members of political parties.

However, underlying this paradox is the pressure on area office workers to choose a vocabulary that allows them to change (help) clients (raw material) within the framework of a shared work rationale. (8)

The second set of examples to illustrate the way office workers compartmentalise information about the world into different information types is similarly divided into two parts. Part 1 illustrates several of the ways office social workers are pressured to differentiate between different types of information. Part 2 illustrates one way workers intellectually accommodate these pressures by dividing the world into two areas of concern: the world of the area office and the world outside the area office.

Considering the area office workers are dependent on the regional office for all financial and for many other administrative and supportive services in such areas as residential accommodation for the elderly and children, an analysis of the communication that takes place between area office social workers and the regional office illustrates several of the administrative pressures on social workers to differentiate between various types of information. (9) This is illustrated first by a quote from a senior social worker in which she described her problematical working relationship with the regional office.

> "I feel that we need to feed this information up (about the planned extension to the sports centre) ... Our level of pressure is not effective. We feed information up but nothing happens. Outside agents are more effective.

> The regional office never asks us about these problems. They only ask us about how many cases and case types we are working with".

Because of her awareness that different types of information have different values in her requests for regional resources, she organises information about the office's geographic area of responsibility accordingly. For example, on the one hand she forwarded 'up' information about the planned extension to the sports centre but received no response; and on the other, she was aware that she would be able to receive assistance if she framed her requests in terms of individual clients' needs.

This pressure to differentiate between different types of information is illustrated further by examples of the ways the area and regional offices compile 'facts' about the office's geographical area of responsibility.

Statistics are compiled in the Metropolitan Office on the basis of case types. As discussed in the preceding chapters, the case type is determined by compiling similar descriptive characteristics of individual referrals and clients into case type headings. However, information about similar referrals and clients collected in this way is never 'pooled' to construct wider, sociological understandings of referrals and clients. As a result, as long as the basic unit of measurement is the descriptive characteristics of individual referrals and clients, then case types are used as a shorthand method of communication about individual cases and not as a measurement of larger social issues.

In addition, twice yearly the regional office compiles statistics about the number of cases in the office's workload and the types of interventions offered. Although the stated purpose of the statistical questionnaire is to assess clients' needs, thereby making the planning of future supportive services more efficient and responsive to these needs, the effect the questionnaire has on front-line office social workers is to pressure them to understand and work with clients in ways measured in the questionnaire. For example, there is no place in the questionnaire to discuss how Albion's housing policy affects the elderly in the office's geographical area of responsibility. In contrast, there is place designated in the questionnaire to discuss client case types and the specific interventions offered.

As a result, at any one time Metropolitan Office social workers can show the number and types of cases they work with each day, week, month and year. But they are not able to present an accurate picture of poverty or land use in the office's geographical area of responsibility.

Social workers accommodate these pressures intellectually by dividing the world into two parts: (i) the world of area office work and (ii) the world of larger social concerns. The most usual form of division is for social workers to separate their concern for individuals - expressed through their work in the area office - from their concerns for larger social issues - expressed through their affiliations with political parties and unions outside the area office.

Researcher: "What is the role of the area office in regard to poverty in the office's geographic area of responsibility?"

Social worker: "That is too abstract ... I am not sure where the responsibility lies ... But we are not equipped to make poor people rich. I do not see the area office as a place to get better social security benefits for clients. I, we, help individuals budget etc. Poverty is in society. The area office is not able to do anything about it. The area office is not a political arena. A social worker can get politically involved if he wants but poverty cannot be directly worked upon in the area office".

Social worker: "The union gives me sanity. The union is able to identify causes ... (in the union) there is more of a fight for the things I want to do. Union members - I have more akin with them. It is hard to convince area office social workers how things, I think, should be ... I am in the Labour Party. I try to take up issues, as NFA, in the Party and the Union".

Social worker: "I am an active member of the Liberal Party. I was worried about canvassing (for the Party) as I might not be able to separate my role as a Party worker from my role as a social worker".

Suburban Area Office

A general descriptive analysis of the legitimising and sustaining processes in both area offices would probably tend to suggest that both offices legitimise and sustain the use of the office's vocabularies of understandings in similar ways. In a more detailed analysis, however, significant differences appear between the two offices.

The similarities between the two offices derive from the similar use of public meeting forums within each office, to legitimise and sustain its own vocabulary(s). However, an analysis which goes beyond

this general description throws up significant differences between the processes discernible in the two area offices. For example, though a day's referrals are scheduled to be discussed publicly in the Suburban Office's daily duty meetings, these meetings are usually perfunctory or do not take place at all. This is in contrast to the formal, and rigidly adhered to, intake team daily allocation meetings. Similarly, in those cases referred from the duty system to the sub-teams, the duty worker is not present at the sub-team allocation meetings. This contrasts with the presence of a liaison worker at all case transfer meetings in the Metropolitan Office. As implied in these examples, the primary difference in the way social workers in both offices legitimise and sustain client understanding constructions is that in the Suburban Office these processes are less formal and less public than in the Metropolitan Office.

If the above discussion describes several characteristic differences in the ways the two area offices legitimise and sustain understanding construction, then underlying these differences is the very different ways each area office constructs and uses its vocabulary(s) to understand that office's geographical area of responsibility.

In response to a large referral rate on the office's 'front door', the Metropolitan Office has constructed sets of vocabularies. The intake team and the patches each have their own vocabulary. As a result, understanding construction 'gaps' appear between the ways the intake team and the patches construct understandings of referrals and clients. This 'gap' is functional to the office as it allows workers to manage the large referral rate and subsequent demands on its

resources. The 'gap' prevents the transfer of cases labelled chronic and non-amenable to social work assistance from the intake team to the patches. As shown earlier, the intake team's responsibility is the management of the office's 'front door' whereas the patches' responsibility is the delivery of a personal social service to individual case units of concern within the limits of manpower available. However, this 'gap' system of referral management is dependent on the use of rigid vocabularies of understanding so as to prevent (i) the pollution of the intake team's vocabulary by the patches' vocabularies or vice-versa, and (ii) the pollution of both the intake team's and patches' vocabularies by alternative understanding options not included in these vocabularies that might in any way blur the differences in work perspective between these office sub-units. Because of these organisational pressures to maintain these vocabulary and work perspective distinctions, a significant amount of worker time is used to legitimise and sustain the office's use of rigid vocabularies which are, at times, inconsistent with each other. In addition, worker time is used to sustain the office's vocabularies in dealing with a world outside the area office that uses very different understanding and work options.

The Metropolitan Office must therefore use sets of rigid vocabularies to understand a rapidly changing environment outside the area office, because of internal organisational needs. As long as the office's work rationale remains the delivery of personal services to individual case units of concern, there is little chance that the area office will ever understand its changing geographical area of

responsibility in any other way than through rigid, unchanging vocabularies.

In response to a smaller referral rate, the Suburban Office has constructed one vocabulary that is shared by the office's different sub-units. Because the office is not pressured either to manage its referral rate or to construct more than one vocabulary of understandings, cases are easily transferred from the duty system to the sub-teams. Because workers share the same vocabulary, less worker time is taken up in the Suburban than in the Metropolitan Office, with the management of case understandings as a client is transferred from office sub-unit to a second. More generally, less worker time is involved in the public legitimation and maintenance of the office's use of its own vocabulary of understandings.

But if the Metropolitan Office's vocabularies are rigid and unchanging, the Suburban Office's vocabulary is permeable to certain types of alternative understanding options. In this distinction lies the primary difference between how the two offices legitimise and sustain their own ways of understanding and working with their geographical area of responsibility.

The permeable nature of the Suburban Office's vocabulary is illustrated in two ways.

The office's vocabulary is permeable to alternative understanding options that are generated within the area office. This is evidenced by the large number of professionally trained social workers assigned to the sub-teams to work with specific client groups. In comparison to the Metropolitan Area Office's division of office manpower into patches comprised primarily of generic social workers (the office also

has one community worker and one child care resource worker), the Suburban Office's division of office manpower into sub-teams includes, in addition to generic social workers, 3½ community workers, 1½ mentally handicapped specialty workers and one elderly specialty worker, as well as a child care resource worker. Except for the child care resource worker, each of these specialty workers has his own front-line caseload. As shown in Chapters 4 and 5, the presence of a professionally trained specialty worker increases the number of legitimate understanding and work options available to all sub-team workers in their work with clients of that case type. As the balance between sub-team specialty and generic workers is continually changing, the office's vocabulary is continually changing as new workers are assigned new specialty work tasks.

To illustrate further to what extent the Suburban Office's vocabulary is permeable to alternative understanding options, it is useful to consider the implications of the office's decision to assist one worker, financially and with work time off, to study Gestalt therapy for two years. As a formal treatment discipline, (10) a worker trained to use Gestalt therapy techniques will construct understandings of and work with clients in a different way from that currently practised in the office. As the decision to support this worker was discussed and approved in 'private' meetings between the worker, her senior and the area officer, the 'private' decision making process, and the later acceptance of this decision by office staff, shows how the office's vocabulary of understandings is permeable to one type of alternative understanding options.

This example of decision making in regard to the inclusion of one

type of alternative understanding options must be compared to a second type of decision making with regard to a different type of alternative understanding construction option that was discussed and rejected by area office staff. During a period of several months, office staff publicly discussed plans to redivide office manpower to include an intake team comprised of social work staff working only as intake workers. Viewed alongside the staff acceptance of the area officer's 'private' decision to support one worker in her request to study Gestallt therapy, the 'public' discussion and rejection of plans to reorganise office staff raises two important questions: (i) why was one decision made 'privately' while the second decision was made 'publicly'? and (ii) why was one decision accepted and the second rejected?

The answers to these two questions are found in staff reactions to the proposed reorganisation plans for an intake team. At one general office staff meeting, sub-team workers presented the thoughts, arrived at through consensus with their fellow workers in the sub-teams, about the reorganisation plans.

> "Chris reported back from the Clyde sub-team. She said that sub-team staff feel that a lot of short term work is currently taken on by the sub-team. The main question they still have is what will happen to community social work in the office (if an intake team is set up)".
>
> "Jan reported back from the Tay sub-team ... Sub-team staff feel that there are a lot of implications for workers doing community work (if the intake team is set up)".

As implied in these workers' responses to the planned reorganisation of the office, the plan was criticised on the basis that its implementation entailed a significant change in one of the legitimate ways the office currently understood and worked with clients (i.e. community work). Compared to the reasons why the plan was rejected, the general office agreement to the offer of assistance to one worker in her request to study Gestalt therapy was based on the office workers' view that the end product of the course of study was an addition and extension to the current mode of work in the area office. The area officer summed up the general office feeling in this way:

> "It (therapy course) will teach her how to relate to people in the world ... A Mrs S. might be slightly loony and all the community workers in the office would not be able to help her. Or Mrs B's husband dies and she has a sharp grief reaction. She might need individual assistance. We have to have social workers who work with these people. We should be able to deal with them ... If Beth finishes the course the area office will benefit from her skills".

In other words, as long as the alternative understanding construction option is seen in terms of (i) its providing a better service to individual clients and (ii) its not entailing a significant change in the use of any of the current legitimate ways of understanding and working with clients, then the office's vocabulary is open to penetration by alternative understanding options generated within the office.

As will be shown in the following discussion, the legitimising and sustaining processes in the Suburban Office are concerned with

(i) the legitimation of new alternative options, generated within the area office, by presenting the options in terms of their improving the provision of social services to individual clients; (ii) the legitimising of currently used understandings in terms of their providing a valid service to individual clients in the light of the increased demands on office manpower as more specialist workers were assigned to the sub-teams; and (iii) the sustaining of the office's vocabulary in an environment outside the area office that uses alternative understanding and work options.

Legitimising Negotiated Understandings

As shown in the preceding discussion, the offer to assist one worker to study Gestalt therapy was not problematic as the decision was easily legitimised and justified in terms of the claim that the end result would provide an improved social service to individual clients. However, in the light of requests to reorganise office manpower in order to set up an intake team, the negotiation of community social work as a valid office service was much more problematic.

Although community social work was legitimised and the proposed reorganisation of staff was rejected on this one occasion, community social work in the Suburban Office has always been viewed as an extension of the office's primary work rationale of personal service delivery to individual case units of concern. In all the examples of community work in the Suburban Office, the acceptance of community work was based on the argument that community work is an extension to and a sub-division of casework in the area office. This point is

illustrated in an analysis of three community projects in which the office was heavily involved: (i) the liaison project with a local medical surgery; (ii) a Citizens' Advice Bureau (CAB) set up in the Tay section of the city; and (iii) an information centre project set up in a local community centre.

Although the expressed purpose of the liaison project with a local medical surgery was to help the area office 'pick up' social problems of clients in a local surgery, the liaison worker chose to limit her discussions with surgery staff to discussions about individual clients. The following illustration should be read in the light of the alternative search options that were available to the liaison worker (and the surgery staff). For example, they could have 'pooled' their information about how elderly people are physically and emotionally affected by the government's decision to raise heating fuel costs.

> "After greetings were exchanged, Dr Adams (head of the surgery), Dr Jones, the district's two health nurses and Pat (liaison worker) discussed current cases which were referred previously from the surgery to the area office. Dr Adams asked Pat about Mrs Jamison. Pat told Dr Adams about the office's attempts to help her with her children ... Dr Jones said that he has a case he is considering referring to the area office. He told Pat about Mrs Rossi, an elderly woman living alone ..."

As illustrated in the quote, liaison worker discussions with surgery staff were limited to discussions about individuals with no reference made to larger social issues.

Similarly, the Tay patch senior social worker explained the reasons behind the office's decision to set up the CAB project in the

Tay section of the city as based on the office's provision of a personal service to people living in that section of the city.

> "Most referrals come to the office via third party referrals ... We set up the CAB. The strategy is to set up links with the community. If a person comes into the CAB he can be referred on to the area office.
>
> To encourage referrals the team's policy is to set up contacts with local surgeries, CABs and community information centres as feed-in points ... If a social worker sits in the CAB project he becomes aware of what is going on in the area. A lot of information flows into CAB... The policy of the area office has to be to find cases and not be passive".

As illustrated in the quote, information about this area of the city that is generated through a community worker's close liaison with the CAB project is seen as important primarily in terms of "finding cases and not to be passive".

In the third example of community work, the community worker directly involved in the information centre in a local community centre similarly explained his work in terms of the office's work rationale.

> Researcher: "What is the role of a community worker?"
>
> Community worker: "Something like Star Trek. To go boldly where ... The Chalmers Community Centre information project is a good example ... Most weeks we receive two to three referrals from the centre. Pat (a community centre worker) works primarily with elderly people and with on-the-spot problems. That deflects a lot of work from coming down here (the area office) ... Beyond a certain point Pat is not able to deal with some problems. She then refers the case to the area office. For example, an old lady came in who was financially supporting her grown son. This was drawing on her resources. We had to talk with her regarding her relationship with her son".

As with the CAB and the surgery liaison projects, the information centre is seen as an additional way of generating information about individuals who are in need of social work assistance. None of these three projects is seen as a way of generating information about larger social problems in the community, such as poor housing etc.

As shown in the preceding examples, office community social work is legitimised in terms of the office's core work rationale of personal service delivery to individual case units of concern. As long as no increasing demands are made on office manpower, then community social work is seen as a legitimate office service, whose justification in terms of the office's work rationale is taken for granted.

In those instances, however, when increasing demands were made on office manpower, as in the proposed plans to reorganise office staff to include an intake team, the assumptions about community social work that were previously taken for granted had to be (re)legitimised 'publicly'. That the office's work rationale is the core rationalisation of all area office work with clients is shown by the fact that, during the reorganisation discussions, the office's community social workers felt compelled to justify 'publicly' their work in terms of the office's work rationale, whereas sub-team generic caseworkers felt no such need. The reason for this is that casework is seen by all office staff as a direct extension and expression of the office's work rationale while community social work is seen only as an indirect extension and expression of the same rationale.

In response to the reorganisation plans, the office's community

social workers formed an interest group whose stated purpose was to promote community work in the office. Expressing a more candid explanation for starting the group at that particular point in time, one of the group's members stated:

> "This document (one of the group's memos circulated to office staff) is a response to the previous document sent to office staff about the plan to reorganise office staff to include an intake team. We sent the memo out to office workers, as their reorganisation document did not include a discussion of the office's specialisation services. There is a danger of creeping caseworkism... Unless we lobby for community social work, if we do not bring it to the attention of the area office, it will slowly die".

However, as seen in the preceding three examples of community social work projects, the 'public' (re)legitimisation of community social work in the office is explained in terms of the office's work rationale. This point was expressed at one of the group's meetings.

> "There is a connection between casework and community social work. Casework uses the client as the way to relate to a problem. We look at the issue more widely... We are the link-catalyst between casework and the more general issues".

It is now possible to consider one important similarity between the two area offices. It is possible to predict that if the Suburban Office's referral rate ever increases to the level found in the Metropolitan Office, and maintains its current work rationale, the subsequent demands on office manpower would result in the reorganisation of staff to meet these needs. As evidenced in the proposed plans to start an intake team comprised only of intake workers, and the very probable reassignment of the office's community workers to

the intake team, over a period of time the Suburban Office would develop similar sets of rigid vocabularies to those seen in the Metropolitan Office.

At present, however, the referral rates in the two offices are very different. As a result the legitimising and sustaining processes take on different forms in each of the offices. In the Metropolitan Office, these processes are directed to the management of the office's use of its different vocabularies which, at times, are inconsistent with each other. In the Suburban Office, the legitimising process is directed to the 'public' justification of new, or currently used, client understandings and work patterns. But importantly, in both offices, underlying these processes is the acceptance by all office workers that the core work rationale is the provision of a personal social service to individual clients as individual case units of concern.

Sustaining the Use of a Vocabulary of Understandings

The one question that remains to be answered is how Suburban Office social workers sustain the office's vocabulary in a world outside the area office that uses alternative understanding options not included in the office's vocabulary. As a circumscribed vocabulary, Suburban Office social workers sustain the use of the office's vocabulary in a way similar to that by which this problem is dealt with in the Metropolitan Office. As in the Metropolitan Office, Suburban Office workers divide information about the office's geographical area of responsibility into two categories: (i) information about the world outside the area office that has little or no causal connection with the

way office workers currently understand and work with clients; and (ii) information that pertains causally to the way the office currently understands and works with clients. As long as office workers understand and work with clients on the basis of the office's current work rationale, the first information type would be less germane than the second type to facilitating the office's helping (changing) clients (raw material).

As in the previous analysis of this question in the Metropolitan Office, these points are analysed in two ways. The first illustration shows how office workers differentiate between these two types of information. The second illustration shows why this distinction is made between the two types of information.

The first illustration comprises the office's senior social workers' answers to two questions: (i) what is the role of the area office with regard to poverty in the office's geographical area of responsibility, and (ii) what is the 'appropriate' office help to a particular case of a delinquent boy presented in terms not included in the office's vocabulary.

Question 1

Researcher: "What is the role of the area office in regard to poverty in the area office's geographic area of responsibility?"

Senior social worker I: "It depends on how the problem is defined ... The role of the area office and the sub-teams is that the problem affects people we work with and therefore it is worth our attention and involvement".
(Researcher: "What type of involvement?") "Whatever is effectively done ... (We) become aware of poverty the way the Social Work department structures area office work - with individual clients. We deal with individuals.

The area office does not have a role in the redistribution of resources ... The role of social work is not to alleviate the ills of society. We realise we are a partial service. We work with partial ills. The function of social work in the community is to maximise peoples' potential, to maximise resources available to them within the constraints of our power and resources. The value assumption is that this leads to a better life, in harmony with one's environment. Hopefully the person who is trying to get help is the starting point".

Senior social worker II: "That is a problematic question. Social workers still have not sorted out this question. We have no effect on governmental policy ... the area office gives the sub-teams a certain amount of discretion. We are getting into income maintenance in a small way. But we are not honest enough to face it yet. We put it back on the individual (worker). He makes the decisions. The problem is solved on an individual (client) basis".

Senior social worker III: "Right now we work under a care oriented model of social worker/client contact. People come into the area office and present us with the effects of poverty. Really, there is not much we could do about poverty".

Question 2

Researcher: "A social worker wrote a SBR (Social Background Report) in which he stated that the cause of Johnny's deviant behaviour is his reaction to the unequal distribution of resources and opportunities in the community. The social worker then went on to suggest in the report that the boy be given £1,000 to buy a motorcycle as that was something he wanted. The suggestion was seen by the social worker as a valid way of understanding and helping the boy. How would you supervise the social worker?"

Senior social worker I: "I would not know what to do. I probably would respond by saying that it would not be helpful for the boy in the panel meeting. The panel could not use it. I would suggest that the social worker get the boy involved in a motorcycle club. If I was trying to change the political order, I might use the individual client as a political platform. It is valid to discuss the boy's behaviour in this way but not in public. The immediate concern is with the boy. We cannot excuse the boy for what he did. The panel would get angry at the boy and take it out on him ... Basically I accept the idea, it is just how it is reported".

Senior social worker II: "I would probably get into a debate with the social worker as to the function of a SBR report. What is the panel looking for? The philosophy behind the panel is to see the boy's behaviour in non black and white terms. On that continuum, they are trying to see the boy's adjustment to his family, peers etc. The question is that, if he is not adjusting, the offence is a sign that he is having adjustment problems.

The children's panel uses a psychodynamic model. The social workers usually write the reports in terms of the way they understand the panel system. The way a referral comes in, it names the child, singles him out with the offence attached. It is quite individualised from the beginning. The report tends to be individualistic, not economic deterministic".

As in the answers to similar questions posed to Metropolitan Office senior social workers, three inter-related themes run through the answers to the above questions: (i) the overall variety of answers; (ii) the attempts by the seniors to redefine the problem posed in terms of the office's work rationale, and (iii) the senior's feelings of frustration, helplessness and confusion about finding solutions to problems about the office's geographical area of responsibility when these solutions require a work technology that is considerably 'wider' than the office's shared work rationals.

(i) The overall variety of answers must be seen in comparison to the office's work rationale of personal service delivery to individual clients. This comparison between the office's work rationale on the one hand, and the variety of answers to the problems defined in terms not included in the office's vocabulary on the other hand, illustrate (a) how widely shared is the office's work rationale as a way of understanding and working with the office's geographical area of responsibility, and (b) how social workers selectively filter information about the world outside the area office.

For example, in answer to the first question, the variety of answers include definitions of poverty in terms of the redistribution of resources, income maintenance and individual cases of poverty. In answer to the second question, the variety of answers include definitions of delinquent behaviour in terms of political order, labelling (last quote), peer group relations and the psychodynamics of the individual.

(ii) Posed with the need to deal with problems in the area office's geographical area of responsibility which were defined in terms which were not consistent with the office's vocabulary, each of the seniors attempted to 'manage' the question by redefining the question in terms of the office's work rationale. By doing this, they were able to suggest the technology of the office's work patterns as possible solutions to the 'redefined' problems.

For example, to the first question, the redefining took the following forms:

> "The role of the area office and the sub-team (in regard to poverty) is that the problem affects people we work with and therefore is worth our attention ... (We) become aware of poverty the way the social work department structures the area office - with individual clients. We deal with individuals"
>
> and
>
> "The role of social work is not to alleviate the ills of society ... We work with partial ills. The function of social work in the community is to maximise peoples' potential ... Hopefully the person who is trying to get help is the starting point"
>
> and
>
> "Right now we work under a care oriented model of social worker/client contact. People come into the area office and present us with the effects of poverty".

Although two of the three seniors raised the possibility that poverty can be understood in terms wider than the individual, all three redefined the problem in terms of individuals affected by poverty.

In answer to the second question, the seniors attempted to redefine a definition of a boy's delinquent behaviour from one based on the unequal distribution of resources and opportunities in the community to one that was consistent with the office's work casework technology.

> "If I was trying to change the political order, I might use the individual client as a political platform. It is valid to discuss the boy's behaviour in this way but not in public. The immediate concern is the boy. We cannot excuse the boy for what he did"
>
> and
>
> "... the question is that, if he is not adjusting, the offence is a sign that he is having adjustment problems".
>
> and

> "... the way a referral comes in, it names the child, singles him out with the offence attached. It is quite individualised from the beginning. The report tends to be individualistic, not economic deterministic".

In all three answers to the second question the seniors concluded that it was wrong for the basic grade social worker to write the SBR in terms that defined the boy's behaviour as caused by factors 'wider' than the individual. Interestingly, however, each of the seniors saw such a definition as 'valid' but rejected it as unusable within the area office.

(iii) Whereas the first two themes show how senior social workers tried to redefine the question posed in terms of the office's work rationale, the third theme gives some insight into workers' confusion and feelings of frustration in relation to problems within the office's geographical area of responsibility whose solutions might require a type of work technology wider than the office's shared work rationale. As seen in the Metropolitan Office, it is possible to see the seniors' attempts to redefine the problems posed as consistent with the office's 'need' to maintain a consistent relationship between the office's work technology and its vocabulary of understandings.

(These findings should also be viewed as further evidence for the idea that in many ways an organisation's work technology determines how workers understand an organisation's raw materials.)

> "We are a partial service. We work with partial ills"

and

> "We have no effective governmental policy (in regard to problems of poverty) ... The area office gives the sub-teams a certain amount of discretion. We are getting into income maintenance in a small way. But we are not honest enough to face it. We put it back on the individual (worker). He makes the decisions. The problem is solved on an individual (client) basis"

and

"Really there is not much we can do about poverty"

and

"The panel would get angry at the boy and take it out on him. Basically I accept the idea, it is just how it is reported"

and

"It is valid to discuss the boy's behaviour in this way but not in public".

As in the Metropolitan Office, the Suburban Office's workers are dependent on the regional office for all financial and for many other administrative and supportive services. An analysis of the communication that takes place illustrates several of the administrative pressures on social workers to differentiate between these two types of information. In the following quote, the area officer described the different types of pressures and messages he received from the regional office.

"I am under pressure to allocate cases, to have a good NAI service and a good probation service. But I am not under pressure to have the office contribute to larger social problems. It might involve the regional office getting out on a limb. We do send up information about the larger social issues, but they never ask me what we, as an area office, are doing about them".

In similar ways to those discussed in the Metropolitan Office, the differentiation between the two types of information is reinforced by the way the regional office compiles its biannual statistics. Although the stated purpose of the biannual statistical questionnaire is the assessment of clients' needs, thereby

making the planning of future supportive services more efficient and responsive to these needs, the effect the questionnaire has on office workers is to put pressure on them to understand and work with clients in ways measured in the questionnaire.

As a result, the only way office workers can demand supportive services from the regional office is to show the number and types of clients on the office's caseload. As in the Metropolitan Office, office workers can show the number and types of cases they work with each day, week, month and year. But they are not able to present an accurate picture of poverty or land use in the office's geographic area of responsibility.

Comparison of the Two Offices - What Work Rationale is Shared by Social Workers that Allows the Area Office to be Identified As Such?

The primary difference between the two area offices is the Metropolitan Office's large referral rate as compared to the Suburban Office's smaller referral rate. Many of each office's particular individualistic characteristics stem from this difference in referral rates. However, although this question of an identity shared by both offices is discussed in detail in the preceding discussions, the most important shared value used in both area offices is the work rationale of a personal service delivery to clients as individual case units of concern. The seductive nature of this work rationale to area office social workers is that it helps them make sense of a threatening, complex and rapidly changing world in which they are paid to assist people who are not able to cope with such a world. This point is summed up by the Suburban Area Office area officer.

"It is like a story of a waterfall. We pass by and see someone drowning. We jump in and pull him to the bank. We give him artificial respiration. We get him to a doctor. As we are leaving we see someone else being washed down the river to the waterfall. We jump in and catch him and pull him to the bank. We then see someone else being washed down the river. We leave the second person on the bank without artificial respiration and try to save the third person from drowning. Just when we get a hold on him, another person comes down the river.

Some people we cannot save. We can go upstream and find who is pushing all these people into the river. But if we did that, a lot of people will have drowned because we were not there. Also we might find that the person pushing all these people in is a lot bigger than we are and he goes ahead and pushes us into the river.

I am staying and helping the people in the river. It is also my need as a social worker and a person. I feel good when I help a person in dire need. A Lancelot syndrome to save people".

CHAPTER 7

Conclusion

The four questions outlined at the end of Chapter 1, and answered in the later chapters, focused on specific aspects of area office work with referrals and clients. However, as also discussed in Chapter 1, the choice of variables included in the study influenced the type of data generated. At one time during the formulation of this study, a choice was made as to how to generate and interpret information about area office functioning. The study starts from the assumption that area offices share one important characteristic in regard to work with clients - all area offices attempt to change clients in one way or another. This characteristic varies between offices only in terms of the specific work routines each office develops to change clients. The study attempts to analyse these variations in work patterns by studying (i) the specific work routines each office developed to change its clientele and (ii) why one pattern of work is used in one area office and not in another.

As presented in Chapters 4 and 5, the Metropolitan Area Office works with clients according to inflexible work routines based on workers' use of case type considerations. In contrast, the Suburban Area Office works with clients according to relatively flexible work routines based on workers' use of non-case type considerations as their professional identifications. The reason for the different work patterns in the two offices is found in the way each office responds to pressures in its geographical area of responsibility. The Metropolitan Office has developed an inflexible system of work routines

in response to a large referral rate. In order to manage the large demands made on its casework technology, the office has routinised its work with large segments of referrals and clients who come to the office for assistance. The Suburban Office has developed a more flexible system of work routines in response to a smaller referral rate. The most interesting comparison between the two offices is that the Metropolitan Office understands and works with people living in its geographical area of responsibility, which is undergoing rapid changes, according to an inflexible system of work routines. On the other hand, the Suburban Office understands and works with people living in its geographical area of responsibility, which is relatively stable, according to a comparatively flexible system of work routines.

In this 'overall picture' of the two area offices, one of the research's most important conclusion is that as long as social work, either as a taught profession or as practised in area offices, understands and works with people on the basis of a casework technology, it is a viable work technology in a stable environment only. For example, when demands on the office's casework services rose because of rapid changes in its geographical area of responsibility, the Metropolitan Office did not change its way of understanding and working with these changes but rather developed sets of rigid vocabularies and a hierarchical organisational structure that permitted office workers to continue to use the same work technology.

More specifically, the descriptive differences that outwardly distinguish the two area offices as different belie the fact that the two offices significantly differ in one main respect - the different

pressures on each office's 'front door'. As both offices share the same work rationale and work technology, it is possible to predict that if pressures on the Suburban Office's 'front door' ever increased to the level seen in the Metropolitan Office, then the Suburban Office would similarly develop sets of rigid work routines and a hierarchical organisational structure. For example, with a deepening national recession and the subsequent rise in the demands on the office's services, Suburban Office staff have discussed several times the possibility of redividing area office staff to include an intake team. Although the stated purpose of intake teams is the rational division of office staff into work with short-term (intake team) and long-term (patches) cases, in actuality intake teams serve as filters that screen out 'chronic' cases and filter in 'amenable to social work' cases. As clients are <u>constructed</u> by social workers and do not have inherent characteristics that are either short-term or long-term problems, the implications are that intake teams construct understandings of and work with people seeking assistance in ways responsive to the area office's organisational needs of managing its environment and ensuring the continued use of its casework technology.

This process was observed in the Metropolitan Office. Although the stated purpose of the intake team is the rational division of referrals into short-term and long-term assistance, the actual result of the division of office manpower into intake and patch teams is that the intake team filters out cases it constructs as 'chronic'. That is, the intake team constructs and works with referrals in ways that are consistent with the office's organisational needs to manage its 'front door' and ensure the continued use of its work technology. In

other words, as long as area offices share the work rationale of service delivery to individual clients (casework), they will tend to entrench themselves behind inflexible work routines and hierarchical organisational structures in order to ensure that their work technology is usable.

Since I began my studies, however, unemployment has risen to three million in Britain and fifteen million in Europe. The economic and social implications of this unemployment are very clear. The question that needs to be answered is whether social work, either as a taught profession or as practised in area offices, has anything to offer a world that is dramatically and tragically changing.

NOTES

Chapter 1

1. Barney Glaser and Anselm Strauss, The Discovery of Grounded Theory : Strategies for Qualitative Research, Chicago, Aldine Publishing Company, 1967, p.5.

2. Ian Taylor, Paul Walton and Jock Young, The New Criminology for a Social Theory of Deviance, London, Routledge and Kegan Paul, 1973, Chapters 1 and 2.

3. A. Cohen, Delinquent Boys, London, Free Press, 1955.

4. R. Cloward and L. Ohlin, Delinquency and Opportunity, London, Free Press, 1960.

5. David Matza, Becoming Delinquent, New York, Prentice Hall, 1969.

6. David Harvey, Social Justice and the City, London, Edward Arnold, 1973.

7. Howard Becker, The Outsiders, London, Free Press, 1967.

8. For example, in order to assess area office work within the Region, the research division of the Albion Region Social Work Department compiles biannual statistics of the number and types of clients processed through the Region's area offices. On the other hand, the division does not attempt to conduct qualitative research into areas as client perceptions of social workers or social worker perceptions of clients. The most likely reason for this is that whereas the former type of research is useful to the Regional Social Work Department in providing it with a simplified picture of clients and their needs, the latter type of research would complicate the picture.

9. Gisele Knopka, The Adolescent Girl in Conflict, Englewood Cliffs, Prentice Hall, 1966.

10. op.cit., Becker, pp.3-18.

11. Kai Erikson, "Notes on the Sociology of Deviance" in Deviance, The Interactionalist Perspective, ed. by Earl Rubington and Martin Weinberg, New York, Macmillan Company, 1973, p.27.

12. Aaron Cicourel, The Social Construction of Juvenile Justice, London, John Wiley and Sons Ltd., 1968, p.22.

13. Michel Foucault, Discipline and Punish, London, Penguin Books Ltd., 1975, p.274.

14. Charles Perrow, Complex Organizations : A Critical Essay, Glenville, Scott Foresman and Company, 1973, Chapters 2 and 3.

15. David Silverman, The Theory of Organizations, London, Heinemann Educational Books Ltd., 1970, Chapters 2-4.

16. Perrow and Silverman also discuss in passing a fourth model which uses organisational goals as the independent variable in organisational analysis. Albrow summed up the limitation of this model when he stated:

> "Organizational goals are not normally specific ... formal procedures are more than the simple expression of organizational goals and these goals are regularly implemented in a way other than formal procedures ... The behaviour of groups within an organization is not simply a function of organizational position and the notion of specific goals as the origin and cause of the organization is an historic fact".
>
> Martin Albrow, "The Study of Organizations - Objectivity or Bias?" in People and Organizations, ed. by Graeme Salaman and Kenneth Thompson, London, Open University Press, 1973, p.398.

17. In terms of empirical research, the end result of a research using this model would be the study of the gap between an organisation's expressed goals and actual worker behaviour. Though effective in highlighting the extent of the gap, the model cannot be used to generate empirical data about why the gap exists. See Robert Scott, The Making of Blind Men, New York, Russell Sage Foundation, 1969.

18. Abraham Maslow, Towards a Psychology of Being, New York, Van Nostrand Rhienhold Co., 1968.

19. op.cit., Perrow, pp.92-94.

20. op.cit., Silverman, p.96.

21. op.cit., Perrow, pp.177-178.

22. ibid., p.133.

23. Max Weber, "The Types of Authority and Imperative Control" in Social and Economic Organizations, translated by Talcott Parsons and A.M. Anderson, New York, Free Press, 1947, p.337.

24. Alvin Gouldner, Patterns of Industrial Bureaucracy, New York, Free Press, 1954.

25. Herbert Simon, Administrative Behaviour (third edition), New York, Free Press, 1976, p.102.

26. Max Weber, From Max Weber : Essays in Sociology, translated and edited by H.H. Gerth and C. Wright Mills, London, Routledge and Kegan Paul, 1974, Chapter 1.
and
Alvin Gouldner, "Metaphysical Pathos and the Theory of Bureaucracy", in Complex Organizations, edited by A. Etizioni, New York, Holt, Rhinehart and Winston, 1961, p.129.

27. Albert Mok, "Professional Innovation in Post-Industrial Society", in Professions and Their Prospects, edited by Eliot Freidson, London, Sage Publications Ltd., 1971, pp.122-123.

28. Robert Perruci, "Engineering", in Professions and Their Prospects, edited by Eliot Freidson, London, Sage Publications Ltd., 1971, pp.119-133.
and
Eliot Freidson, "Professions and the Occupational Principle", in Professions and Their Prospects, edited by Eliot Freidson, London, Sage Publications Ltd., 1971, pp.22-23.

29. T. Burns and G.M. Stalker, The Management of Innovation, New York, Barnes and Nobel, 1961.

30. Peter Blau, The Dynamics of Bureaucracy, Chicago, University of Chicago Press, 1973 (revised edition).

31. op.cit., Burns and Stalker, pp.5-6, 119-120.

32. Charles Perrow, "A Framework for Comparative Organizational Analysis", American Sociological Review, Vol.32, No.2, April 1967, p.194.

33. ibid., pp.194-195.

34. ibid., pp.195-196.

35. ibid., p.196.

36. ibid., p.197.

37. John Child, "Organizational Structure, Environment and Performance : The Role of Strategic Choice", Sociology, Vol.6, No.1, January 1971, p.5.

38. Beverly Lynch, "An Empirical Assessment of Perrow's Technological Constructs", Administrative Science Quarterly, Vol.19, No.3, September 1974, pp.338-356.

39. Dennis Palumbo, "Power and Role Specificity in Organizational Theory", Public Administration Review, Vol.29, No.3, May/June 1969, pp.237-248.

40. Andrew H. Van de Ven and Andre L. Delberg, "A Task Contingent Model of Work Unit Structure", Administrative Science Quarterly, Vol.19, No.2, July 1974, pp.183-197.

41. Michael Fullen, "Industrial Technology and Worker Integration in the Organization", American Sociological Review, Vol.35, December 1971, pp.1028-1039.

42. Lawrence Mohr, "Organizational Technology and Organizational Structure", Administrative Science Quarterly, Vol.16, No.4, December 1971, pp.444-459.

43. op.cit., Child, pp.1-23.
and
John Child, "Predicting and Understanding Organizational Structure", Administrative Science Quarterly, Vol.18, No.2, June 1973, pp.168-185.

44. Gerald Bell, "Determinates of Span of Control", American Journal of Sociology, Vol.73, No.1, July 1973, pp.90-101.

45. Robert Dewar and Jerald Hage, "Size, Technology, Complexity and Structural Differentiation : Towards a Theoretical Synthesis", Administrative Science Quarterly, Vol.23, No.1, January 1978, pp.111-136.

46. op.cit., Mohr, p.452.

47. Sunday Times, April 6, 1980, p.10.
Sunday Times, August 10, 1980, p.9.
London Times, August 13, 1980, p.6.
London Times, August 14, 1980, p.6.
London Times, September 2, 1980, p.6.
Sunday Times, September 7, 1980, p.10.

48. The mutual exclusive ways Aborigines and oil companies define land is illustrated in the following quote from the London Times (August 13, 1980, p.6).

"Noonkanban, in the Kimberly Ranges in the northwest corner of Australia, has been fenced off from the public by the Western Australian Government to allow the American company Amax to drill for oil.

The area is the home of the Yungngmore Tribe and the drilling site, according to the tribe, is under the influence of the Great Goanna Spirit".

49. op.cit., Child, "Organizational Structure, Environment and Performance", p.6.

50. ibid., p.13.

51. op.cit., Edelman, pp.20-21.

52. Howard Goldstein, Social Work Practice : A Unitary Approach, Columbia, University of South Carolina Press, 1973.

53. Allen Pincus and Anne Minahan, Social Work Practice : Model and Method, Itasca (Illinois), P.E. Peacock Inc., 1973.

54. Martin Davies, The Essential Social Worker : A Guide to Positive Practice, London, Heinemann Educational Books Ltd., 1981.

55. Olive Stevenson and Phyllida Parsloe, Social Service Teams : The Practitioner's View, London, HMSO, 1978.

56. op.cit., Perrow, Complex Organizations : A Critical Essay, pp.11-12.

57. Martin Albrow, "The Study of Organizations - Objectivity or Bias?" in People and Organizations, edited by Graeme Salaman and Kenneth Thompson, London, Open University Press, 1973, pp.396-412.

58. Karl Weick, The Social Psychology of Organizing, Reading (Mass.), Addison-Wesley Co., 1972.

59. Brian Sheldon, "Theory and Practice in Social Work : A Re-examination of a Tenuous Relationship", British Journal of Social Work, Vol.8, No.1, 1978, pp.1-22.

60. Joan Brandon and Martin Davies, "The Limits of Competence in Social Work : The Assessment of Marginal Students in Social Work Education", British Journal of Social Work, Vol.9, No.3, 1979, pp.295-348.

61. Gilbert Smith, Ideologies, Beliefs and Patterns of Administration in the Organization of Social Work Practice. A Study with Special Reference to the Concept of Social Need, PhD Thesis, Aberdeen University, 1973.

62. John Mayer and Noel Timms, The Client Speaks : Working Class Impressions of Casework, London, Routledge and Kegan Paul, 1970.

63. Anthony Hall, The Point of Entry : A Study of Client Reception on the Social Services, London, George Allen and Unwin Ltd., 1974.

64. Matilda Goldberg, William Warburton, Larry Lyons and Richard Willmott, "Towards Accountability in Social Work : Long Term Social Work in an Area Office", British Journal of Social Work, Vol.8, No.3, 1978, pp.253-287.

65. op.cit., Davies, p.19.

66. ibid., p.14.

67. op.cit., Goldberg et al., p.285.

68. Stephan Phohl, "The 'Discovery' of Child Abuse", Social Problems, Vol.24, No.3, February 1977, pp.310-323.

69. Anselm Strauss, Leonard Schatzman, Danuta Ehrlich, Rue Bucher and Melvin Sabskin, "The Hospital and Its Negotiated Order", in People in Organizations, edited by Graeme Salaman and Kenneth Thompson, London, Open University Press, 1973.

70. ibid., p.308.

Glossary

1. Peter Berger and Thomas Luckman, The Social Construction of Reality : A Treatise in the Sociology of Knowledge, Middlesex, Penguin Books Ltd., 1967, p.111.

Chapter 2

1. Donald Warwick, "Survey Research and Participant Observation : A Benefit-Cost Analysis", in Comparative Research Methods, edited by Donald Warwick and Samuel Osherson, Englewood Cliffs, Prentice Hall Inc., 1973, p.190.

2. ibid., p.197.

3. ibid., p.198.

4. David Sudnow, Passing On : The Social Organization of Dying, Englewood Cliffs, Prentice Hall Inc., 1967, pp.3-5.

5. The first question is concerned with how each area office constructs understandings of and works with clients. The sum total of each area office's constructed understandings is that office's vocabulary of client understandings. The second question is concerned with how social workers legitimise and sustain their area office's vocabulary of understandings. The third question is concerned with how each area office is publicly and privately identified as such though its vocabulary is different than those used in other area offices. The fourth question is concerned with why area offices construct and use different types of vocabularies.

Chapter 3

1. Rowntree Working Paper, Department of Social Administration, University of Edinburgh, 1969, p.98.

2. John Gandy, Social Service Delivery in Scotland : A Study of Four Area Offices (monograph), Toronto, University of Toronto, Faculty of Social Work, 1975, p.8.

3. Social Work (Scotland) Act, Sections 16 and 17.

4. Roger Hadley and Moray McGrath, "Beyond Bureaucracy and Professionalism : Patch Based Social Service Teams in Action", unpublished working paper, Lancaster University, Lancaster, 1980.
and
op.cit., Rowntree, p.9.

5. An interesting discussion and criticism of this approach is found in Matilda Goldberg, William Warburton, Larry Lyons and Richard Willnott, "Towards Accountability in Social Work : Long Term Social Work in an Area Office", British Journal of Social Work, Vol.8, No.3, 1978, pp.253-287.

6. Richard Hall, The Point of Entry : A Study of Client Perception in the Social Services, London, George Allen and Unwin Ltd., 1974.
and

Jeffrey Manditch Prottas, People Processing : The Street-Level Bureaucrat in Public Service Bureaucracies, Lexington, D.C. Heath and Company, 1979, pp.25-26.

7. Roslyn Corney, "Different Styles of Intervention", Social Work Today, Vol.11, No.1, September 4, 1979, pp.15-17.

Chapter 5

1. For a discussion of the public legitimizing of social norms, see, op.cit., Kai Erison, pp.29-30.
and
For a study of the public legitimising and sustaining a particular definition of reality, see, Joan Emerson, "Behaviour in Private Places : Sustaining Definitions of Reality in Gynaecological Examinations", in People and Organizations, edited by Graeme Salaman and Kenneth Thompson, London, Open University Press, 1973, pp.358-371.

2. op.cit., Charles Perrow, Complex Organizations, A Critical Essay, p.164.

3. For a definition of deviancy in terms of a community's unequal distribution of opportunities, see, op.cit., Cloward and Ohlin.

4. For a definition of deprivation in terms of a community's unequal distribution of resources, see, op.cit., David Harvey.

Chapter 6

1. For example, the following books are included in the reading list of the One and Two Year Diploma Courses in Social Work at the University of Edinburgh, Edinburgh, Scotland (1979).
Ivan Illich, Tools of Conviviality, Glasgow, William Collins and Sons, 1973.

R. Holman, Poverty : Explanations of Social Deprivation, London, Martin Robertson, 1970.

Saul Alinsky, Rules for Radicals, New York, Vintage Press, 1967.

Paul Corrigan and Peter Leonard, Social Work Under Capitalism, London, The Macmillan Press Ltd., 1968, Chapter 3.

2. Saul Alinsky, Reveille for Radicals, New York, Vintage Press, 1967.
op.cit., Michel Foucault.
Jan O'Malley, The Politics of Community Action : A Decade of Struggle in Nottinghill, Nottingham, Bertrand Russell Peace Foundations Ltd., 1977.

3. op.cit., Simon, p.102.

4. Ralph Ruddock, Roles and Relationships, London, Routledge and Kegan Paul, 1969, p.69.

5. op.cit., Glaser et al., p.308.

6. op.cit., Murry Edelman, pp.20-21.
and
Barbara Wooton, Social Science and Social Pathology, London, George Allen and Unwin Ltd., 1959, Chapter 5.

7. For a discussion of similar findings in a psychiatric hospital setting, see, Stephen Phohl, Predicting Dangerousness, The Social Construction of Psychiatric Reality, Lexington, D.C. Heath and Company, 1978.

8. Kevin Heal, "Conflict and the Social Work Department", Social Work Today, Vol.1, No.11, February 1971, p.19.

9. Gilbert Smith and Janet Ames, "Area Teams in Social Work Practice", British Journal of Social Work, Vol.6, No.1, Spring 1976, pp.43-70.

10. Ralph Hefferline and Paul Goodman, Gestallt Therapy : Excitement and Growth in Human Personality, Harrondworth, Pelican Books, 1976.

BIBLIOGRAPHY

Albrow, Martin, "The Study of Organizations - Objectivity of Bias?" in People and Organizations, ed. by Graeme Salaman and Kenneth Thompson, London, Open University Press, 1973.

Alinsky, Saul, Reveille for Radicals, New York, Vintage Books, 1969.

Alinsky, Saul, Rules for Radicals, New York, Vintage Books, 1972.

Backett, Kathryn, The Negotiation of Parenthood, unpublished PhD Thesis, University of Edinburgh, 1978.

Becker, Howard, Outsiders, Studies in the Sociology of Deviance, New York, The Free Press, 1963.

Becker, Howard, "Problems of Inference and Proof in Participant Observation", American Sociological Review, Vol.23, No.6, December 1958, pp.652-660.

Becker, Howard and Geer, Blanche, "Participant Observation : The Analysis of Qualitative Data", in Human Organization Research, ed. by Richard Adams and Jack Priess, Homewood, The Dorsey Press Inc., 1960.

Bell, Gerald, "Determinants of Span of Control", American Journal of Sociology, Vol. 73, No.1, July 1967, pp.100-109.

Berger, Peter and Luckman, Thomas, The Social Construction of Reality : A Treatise in the Sociology of Knowledge, Middlesex, Penguin Books Ltd., 1967.

Blau, Peter, The Dynamics of Bureaucracy, Chicago, University of Chicago Press, 1973.

Brandon, Joan and Davies, Martin, "The Limits of Competence in Social Work : The Assessment of Marginal Students in Social Work Education", British Journal of Social Work, Vol.9, No.3, 1979, pp.295-348.

Briscoe, Catherine, "Community Work and Social Work in the United Kingdom", in Integrating Social Work Methods, ed. by Harry Specht and Ann Vickery, London, George Allen and Unwin Ltd., 1977.

Bucher, Rue and Strauss, Anselm, "Professions in Process", American Journal of Sociology, Vol.66, No.4, January 1961, pp.325-334.

Butterworth, Eric, "Dilemmas of Community Relations", in Social Welfare in Britain, eds. by Eric Butterworth and Robert Holman, Glasgow, William Collins and Son and Co. Ltd., 1975.

Burns, Tom and Stalker, G.M., The Management of Innovation, New York, Barnes and Noble, 1961.

Campbell, Alison, The Origin and Implementation of Section 12 of the Social Work (Scotland) Act, 1968, unpublished PhD Thesis, University of Edinburgh, 1979.

Child, John, "Organizational Structure, Environment and Performance : The Role of Strategic Choice", Sociology, Vol.6, No.1, January 1972, pp.1-28.

Child, John, "Predicting and Understanding Organizational Structure", Administrative Science Quarterly, Vol.18, No.3, June 1973, pp.168-185.

Cicourel, Aaron, Methods and Management of Sociology, London, Collier-Macmillan Ltd., 1964.

Cicourel, Aaron, The Social Organization of Juvenile Justice, London, John Wiley And Sons Ltd., 1968.

Cloward, Richard and Ohlin, Lloyd, Delinquency and Opportunity, London, Free Press, 1962.

Cohen, A., Delinquent Boys, London, Free Press, 1955.

Coke, Michael., March, James and Olson, Johan, "A Garbage Can Model of Organizational Choice", Administrative Science Quarterly, Vol.17, No.1, March 1972, pp.1-25.

Community Work : Learning and Supervision, ed. by Catherine Briscoe and David Thomas, London, George Allen and Unwin Ltd., 1959.

Corney, Roslyn, "Different Styles of Introduction", Social Work Today, Vol.11, No.1, September 4, 1979, pp.15-17.

Corrigan, Paul and Leonard, Peter, Critical Tests in Social Work and the Welfare State : Social Work Practice Under Capitalism, A Marxist Approach, London, The Macmillan Press Ltd., 1978.

Dewar, Robert and Hage, Jerald, "Size, Technology, Complexity and Structure Differentiation : Towards a Theoretical Synthesis", Administrative Science Quarterly, Vol.23, No.1, March 1978, pp.111-136.

Edelman, Murray, Political Language : Words that Succeed and Policies that Fail, London, Academic Press, 1964.

Emerson, Joan, "Behavior in Private Places : Sustaining Definitions of Reality in Gynaecological Examinations" in People and Organization, ed. by Graeme Salaman and Kenneth Thompson, London, Open University Press Ltd., 1973.

Erikson, Kai, "Notes on the Sociology of Deviance" in Deviance, the Interactionalist Perspective, ed. by Earl Rubington and Martin Weinberg, New York, Macmillan Company, 1973.

Ference, Thomas., Goldner, Fred and Ritty, Richard, "Priests and Church" in The Professions and their Prospects, ed. by Eliot Freidson, London, Sage Publications Ltd., 1971.

Foucault, Michel, Discipline and Punish, Middlesex, Penguin Books Ltd., 1975.

Freidson, Eliot, "Professions and the Occupational Principle", in Professions and their Prospects, ed. by Eliot Freidson, London, Sage Publications Ltd., 1971.

Freidson, Eliot, Profession of Medicine, New York, Dodd, Mead and Company, 1975.

Fuller, Michael, "Industrial Technology and Worker Integration in the Organization", American Sociological Review, Vol.35, December 1970, pp.1028-1039.

Gandy, John, Social Service Delivery in Scotland : A Study of Four Area Social Work Teams, monograph, Toronto, Faculty of Social Work, University of Toronto, 1975.

Glaser, Barney and Strauss, Anselm, The Discovery of Grounded Theory : Strategies for Qualitative Research, Chicago, Aldine Publishing Co., 1967.

Goffman, Erving, Asylums, New York, Anchor Books, 1961.

Goffman, Erving, Frame Analysis : An Essay on the Organization of Experience, Middlesex, Penguin Books Ltd., 1979.

Goffman, Erving, The Presentation of Self in Everyday Life, Middlesex, Penguin Books Ltd., 1969.

Goldberg, Matilda., Warburton, William, Lyons, Larry and Willmott, Richard, "Towards Accountability in Social Work : Long Term Social Work in an Area Office", British Journal of Social Work, Vol.8, No.3, 1978, pp.253-287.

Goss, May, "Patterns of Bureaucracy Among Hospital Staff Physicians", in The Hospital in Society, ed. by Eliot Freidson, London, Collier-Macmillan Ltd., 1963.

Gouldner, Alvin, "Cosmopolitan and Locals : Towards an Analysis of Latent Social Roles", Administrative Science Quarterly, Vol.2, No.4, December 1957, pp.281-306.

Gouldner, Alvin, "Metaphysical Pathos and the Theory of Bureaucracy" in Complex Organizations, ed. by A. Etzioni, New York, Holt, Rhinehart and Winston, 1961.

Gouldner, Alvin, Patterns of Industrial Bureaucracy, New York, Free Press, 1954.

Hall, Anthony, The Point of Entry : A Study of Client Reception in The Social Services, London, George Allen and Unwin Ltd., 1974.

Hall, Richard, "Professionalization and Bureaucratization", American Sociological Review, Vol.33, No.1, February 1968, pp.92-104.

Harvey, David, Social Justice and the City, London, Edward Arnold, 1973.

Heal, Kevin, "Conflict and the Social Service Department", Social Work Today, Vol.1, No.11, 1971, pp.19-22.

Hefferline, Ralph and Goodman, Paul, Gestalt Therapy, Excitement and Growth in Human Personality, Harrondworth, Pelican Books, 1976.

HMSO (1960), Children and Young Persons, Scotland (The Kilbrandon Report), Cmnd. 1966, Edinburgh.

HMSO (1968), Social Work (Scotland) Act, London.

Holman, R., Poverty : Explanation of Social Deprivation, London, Martin Robertson, 1970.

Illich, Ivan, Limits to Medicine, Medical Nemesis : the Exploration of Health, Middlesex, Penguin Books Ltd., 1976.

Illich, Ivan, Tools of Conviviality, Glasgow, William Collins and Sons, 1973.

Katz, Jack, "Cover-up and Collective Integrity : On the Natural Antagonism of Authority Internal and External to Organizations", Social Problems, Vol.25, No.3, February 1978, pp.3-17.

Kitsuse, John and Cicourel, Aaron, "A Note on the Use of Official Statistics", Social Problems, Vol.11, No.2, Summer 1963, pp.131-139.

Knopka, Gisele, The Adolescent Girl in Conflict, Englewood Cliffs, Prentice Hall, 1966.

Levy, Charles, "On Concepts, Conceptualization and Conceptual Frameworks", Social Work, Vol.23, No.5, September 1978, pp.351-353.

Lishman, Joyce, "A Clash in Perspective? A Study of Worker and Client Perceptions of Social Work", The British Journal of Social Work, Vol.8, No.3, Autumn 1978, pp.301-312.

Lofland, John, Analyzing Social Settings, Belmont, Wandsworth Publishing Company, Inc., 1971.

Lynch, Beverly, "An Empirical Assessment of Perrow's Technological Constructs", Administrative Science Quarterly, Vol.19, No.3, September 1974.

Lynch, Bruce, The Changing Role of Local Authority Social Workers in Scotland, unpublished PhD Thesis, University of Edinburgh, 1974.

Maslow, Abraham, Towards a Psychology of Being, New York, Van Nostrand Reinhold Co., 1968.

Matza, David, Becoming Delinquent, New York, Prentice Hall, 1969.

Mayer, John and Timms, Noel, The Client Speaks : Working Class Perceptions of Casework, London, Routledge and Kegan Paul, 1970.

Means, Robin, "Which Way for 'Radical' Social Work", The British Journal of Social Work, Vol.9, No.1, Spring 1979, pp.15-28.

Mohr, Lawrence, "Organizational Technology and Organizational Structure", Administrative Science Quarterly, Vol.16, No.4, December 1971, pp.444-459.

Mok, Albert, "Professional Innovation in Post-Industrial Society", in Professions and their Prospects, ed. by Eliot Freidson, London, Sage Publications Ltd., 1971.

O'Malley, Jan, The Politics of Community Action : A Decade of Struggle in Nottinghill, Nottingham, Bertrand Russell Peace Foundation Ltd., 1977.

Palumbo, Dennis, "Power and Role Specificity in Organizational Theory", Public Administration Review, Vol.29, No.3, May/June 1961, pp.237-248.

Parker, R.A., "Social Administration and Scarcity", Social Work, Vol.24, No.3, April 1967, pp.9-14.

Perrow, Charles, Complex Organizations : A Critical Essay, Glenview, Scott, Foresman and Company, 1973.

Perrow, Charles, "A Framework for Comparative Organizational Analysis", American Sociological Review, Vol.32, No.2, April 1964, pp.194-208.

Perrow, Charles, "Goals and Power Structures, An Historical Case Study", in The Hospital in Society, ed. by Eliot Freidson, London, Collier-Macmillan Ltd., 1963.

Perruci, Robert, "Engineering" in The Professions and their Prospects, ed. by Eliot Freidson, London, Sage Publications Ltd., 1971.

Phillips, Maurice and Birchall, Elizabeth, "Structuring an Area Office to Meet Client Needs", Social Work Today, Vol.1, No.10, January 1971, pp.5-11.

Phohl, Stephen, "The 'Discovery' of Child Abuse", Social Problems, Vol.24, No.3, February 1977, pp.310-323.

Phohl, Stephen, Predicting Dangerousness : The Social Construction of Psychiatric Reality, Lexington, D.C. Heath and Company, 1978.

Polansky, Ned, Hustlers, Beats and Others, New York, Doubleday, 1969.

Prottas, Jeffrey, People Processing : The Street Level Bureaucrat in Public Service Bureaucracies, Lexington, D.C. Heath and Company, 1979.

Reese, Stuart, "No More Than Contact : An Outcome of Social Work", The British Journal of Social Work, Vol.4, No.3, Autumn 1974, pp.255-279.

Rothman, Jack, "Macro Social Work in Tightening Economy", Social Work, Vol.24, No.2, 1979, pp.274-281.

Rowntree, Social Work in Scotland : Report of a Working Party on the= Social Work (Scotland) Act, 1968, Department of Social Administration, University of Edinburgh, 1969.

Ruddock, Ralph, Roles and Relationships, London, Routledge and Kegan Paul, 1969.

Rusek, Sheryl, "Making Social Work Accountable", in The Professions and their Prospects, ed. by Eliot Freidson, London, Sage Publications Ltd., 1971.

Sasz, Thomas, Ideology and Insanity, Hammondsworth, Penguin Books, 1970.

Schumacher, R.F., Small is Beautiful, A Study of Economic As If People Mattered, London, Abacus, 1974.

Sheldon, Brian, "Theory and Practice in Social Work : A Re-examination of a Temuous Relationship", British Journal of Social Work, Vol.8, No.1, 1978, pp.1-22.

Shephard, Herbert, "Changing Interpersonal and Intergroup Relationships in Organizations", in Handbook of Organizations, ed. by James March, Chicago, Rand McNalley and Company, 1968.

Silverman, David, The Theory of Organizations, London, Heinemann, 1970.

Simon, Herbert, Administrative Behavior (third edition), New York, Free Press, 1976.

Smith, Gilbert and Ames, Janet, "Area Teams in Social Work Practices : A Programme for Research", The British Journal of Social Work, Vol.6, No.1, Spring 1976, pp.43-70.

Smith, Gilbert , Ideologies, Beliefs and Patterns of Administration in the Organization of Social Work Practice : A Study with Special Reference to the Concept of Social Need, PhD Thesis, Aberdeen University, 1973.

Smith, Gilbert, Social Work and the Sociology of Organizations, London, Routledge and Kegan Paul, 1970.

Stevenson, Olive and Parsloe, Phyllida, Social Service Teams : The Practitioner's View, HMSO, 1978.

Strauss, Anselm., Schatzman, Leonard., Ehrlich, Danuta., Bucher, Rue and Sabskin, Melvin, "The Hospital and Its Negotiated Order" in People in Organizations, ed. by Graeme Salaman and Kenneth Thompson, London, Open University Press, 1973.

Sudnow, David, Passing On : The Social Organization of Dying, Englewood Cliffs, Prentice Hall Inc., 1967.

Sykes, G.M., and Matza, David, "Juvenile Delinquency and Subterranean Values", American Sociological Review, Vol.26, No.5, October 1961, pp.712-719.

Taylor, Ian., Walton, Paul and Young, Jock, The New Criminology for a Social Theory of Deviance, London, Routledge and Kegan Paul, 1973.

Thompson, James and McEvan, William, "Organisational Goals and Environment : Goal Setting as an Interactional Process" in People in Organizations, ed. by Graeme Salaman and Kenneth Thompson, London, Open University Press, 1973.

Times

Sunday Times, April 6, 1980, p.10.
Sunday Times, August 10, 1980, p.9.
London Times, August 13, 1980, p.6.
London Times, August 14, 1980, p.6.
London Times, September 2, 1980, p.6.
Sunday Times, September 7, 1980, p.10.

Van de Ven, Andrew and Delberg, Andre, "A Task Contingent Model of Work - Unit Structure", Administrative Science Quarterly, Vol.19, No.2, July 1974, pp.183-197.

Warham, Joyce, An Introduction to Administration for Social Workers, London, Routledge and Kegan Paul, 1967.

Warner, Malcolm, "Organizational Context and Control of Policy in the Television Newsroom, A Participant Observation Study", The British Journal of Sociology, Vol.22, No.3, September 1971, pp.283-294.

Warwick, Donald, "Survey Research and Participant Observation - A Benefit-Cost Analysis", in Comparative Research Methods, ed. by Donald Warwick and Samuel Osherson, Englewood Cliffs, Prentice Hall Inc., 1973.

Weber, Max, From Max Weber : Essays in Sociology, translated and edited by H.H. Gerth and C. Wright Mills, London, Routledge and Kegan Paul, 1974 (Chapter 1).

Weber, Max, "The Types of Authority and Imperative Control" (Chapter 3) in Social and Economic Organizations, translated by A.M. Henderson and Talcott Parsons, New York, Free Press, 1947.

Weick, Karl, The Social Psychology of Organizing, Reading (Mass.), Addison-Wesley Co., 1972.

Whittington, Colin, "Organizational Research and Social Work, Issues in Application Illustrated from the Case of Organic and Mechanistic Systems of Management", The British Journal of Social Work, Vol.5, No.1, 1975, pp.59-74.

Whyte, William, Street Corner Society : The Social Structure of an Italian Slum, Chicago, The University of Chicago Press, 1964.

Wilensky, Harold, "The Professionalization of Everyone?", American Journal of Sociology, Vol.70, No.2, September 1964, pp.137-158.

Woolf, Kurt, "The Collection and Organization of Field Materials : A Research Report" in Human Organization Research, Homewood, The Dorsey Press Inc., 1960.

Wooton, Barbara, Social Science and Social Pathology, London, George Allen and Unwin Ltd., 1959 (Chapter 2).